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Department  
for Education

# **Evaluation of the 2019 holiday activities and food programme**

**December 2020**

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# Contents

List of figures	4
List of tables	5
Acknowledgements	6
Executive summary	7
Introduction	9
Background	9
2019 Holiday Activities and Food programme	10
Evaluation objectives and data collection	11
Set up and delivery models	15
History of provision	17
Coordinator model	18
Provider model	23
Challenges identified by providers	27
Quantity of delivery	29
Frequency of provision	37
Attendance: young people	38
Attendance: parents/carers and families	53
Barriers and enablers to attendance	55
Quality standards delivery	57
Overall approach	58
Factors in meeting quality standards	79
Outcomes	82
Young people	82
Families	84
Organisations	86
Sustainability	89
Initial plans for sustainability and legacy	89
Conclusions and recommendations	94
Conclusions	94

Recommendations	97
Appendix 1: Evaluation methodology	99
HAF Logic model: process evaluation elements	99
Process evaluation	100
Impact evaluation	104
Interpretation and data limitations	108
Appendix 2: HAF areas	109
Endnotes	110

## List of figures

Figure 1: Proportion of new providers per HAF area	24
Figure 2: Youngest and oldest age allowed to attend provision	26
Figure 3: Number of sessions attended by those eligible for FSM	45
Figure 4: Perceived impact on the number of young people attending	51
Figure 5: Providers offering free provision, in HAF and non-HAF areas	52
Figure 6: Providers offered and taking up training and/or guidance	60
Figure 7: Activities in place	61
Figure 8: Activities offered every day in HAF and non-HAF areas	62
Figure 9: Food offered	64

## List of tables

Table 1: Evaluation tasks undertaken .....	13
Table 2: HAF area characteristics.....	16
Table 3: Type of lead organisation in HF and non-HAF areas .....	23
Table 4: Youngest and oldest age allowed .....	26
Table 5: How parents/carers found out about holiday club .....	33
Table 6: Factors encouraging parents/carers to get children to attend clubs.....	36
Table 7: Proportion of 2018 and 2019 clubs delivering 4:4:4 in HAF .....	37
Table 8: FSM attendance by provider area.....	40
Table 9: Eligible for Free School Meals by provider area and school type.....	42
Table 10: EverFSM6 attendance by provider area .....	43
Table 11: EverFSM6 by provider area and school type .....	44
Table 12: Number of sessions attended by area (FSM).....	46
Table 13: Number of sessions attended by provider area (EverFSM6) .....	47
Table 14: Club attendance by ethnicity (white) .....	48
Table 15: Club attendance by Special Education Needs .....	49
Table 16: Club attendance by CiN and CLA .....	50
Table 17: Daily fees to participate in HAF clubs .....	53
Table 18: Activities taken part in at holiday club .....	63
Table 19: Impact of HAF provision on training, policies, and agency links .....	87

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# Executive summary

## Key findings

### Attendance: young people

- Management Information returns suggest approximately 50,000 young people attended Holiday Activities and Food projects during 2019
- The National Pupil Database (NPD) linked data shows 41% of this group were eligible for Free School Meals (FSM) in 2019, with exactly half the attendees (50%) having been eligible for FSM in the last six years
- The two areas with the highest proportion of eligible FSM participants were not among those local authorities with the highest levels of FSM eligible young people. Both had targeted this group to a greater extent than other areas
- Just over half (56%) of participants with NPD linked data were from a White ethnic background. Nearly a quarter (23%) were classified as SEND, 5% were classified as Children in Need and 1% as Children Looked After. Of those participants who were eligible for FSM in 2019, 29% attended five to ten sessions and a further 27% attended more than 10 sessions

### Set up and implementation

- A range of areas were awarded grant funding, with slightly more of the areas being urban and having higher levels of FSM eligibility than in England in general. The extent of existing holiday activity provision was low in most HAF areas
- A range of provider types were used across areas, with almost half being VCSOs, with schools and private organisations next most common. Almost half of all providers were set up in summer 2019, with providers generally having a mix of paid and unpaid staff and providing for both primary and secondary age groups
- Coordinators felt that the initial set-up ran less smoothly than anticipated. They reported this was largely due to the short amount of time available, making it more difficult to engage with providers, particularly those that were new
- Some areas faced specific challenges, including ensuring support from schools and potential partners, achieving the aspiration of offering provision at least four hours/day, four days a week, for four weeks during the summer holidays,



identifying and recruiting FSM-eligible children, and engaging with children with specific characteristics (e.g. SEND)

### **Outcomes and sustainability**

- Young people report enjoying attending HAF provision, with high proportions for both primary (82%) and secondary (79%) questionnaire respondents stating that they enjoyed the clubs 'a lot'
- Young people and parents claimed a range of benefits for young people as a result of taking part, including increased knowledge and skills, socialisation and wellbeing
- Parents considered the quality of provision, and the structure it provided for their children's day to have contributed to children achieving positive outcomes. Parents who attended HAF provision reported that the clubs enabled them to spend more time with their children and socialise with other local parents
- Staff reported benefitting from increased skills through training, which they reported led to greater confidence and increased aspirations. Providers felt they benefitted from being part of a network and building relationships
- Virtually all providers said they were definitely (64%) or likely (23%) to run a club in 2020. The main challenge to ongoing sustainability was the perceived lack of funding

## Introduction

In March 2019, Ecorys UK was commissioned by the Department for Education (DfE) to undertake an independent evaluation of the Holiday Activities and Food (HAF) Programme. This report presents the summative findings from the evaluation that was carried out between April and November 2019.<sup>1</sup> Due to COVID-19, publication of this report was delayed, with a further HAF programme taking place in 2020 prior to publication.

## Background

School holidays are a period of concern for some families. Conclusive evidence is lacking on the existence and extent of holiday hunger and summer learning loss in England<sup>2</sup>. However, there is growing attention from education professionals as to whether children from disadvantaged backgrounds experience holiday learning loss. The negative impact summer holidays may have potentially makes this period important in closing the outcomes gap between more and less disadvantaged children<sup>3</sup>.

Research conducted prior to the COVID-19 pandemic showed deprivation continuing to be a major concern. In total, 11% of young people lived in severe material deprivation, with widening inequalities across the UK<sup>4</sup>. Low-income families may have struggled to afford food during the school holidays, resorting to cheaper and less healthy options, serving smaller portions or skipping meals, borrowing money and using foodbanks<sup>5</sup>. This may have had serious implications, with children experiencing food insecurity and hunger, with this possibly leading to worse mental and physical health, increased emotional problems and poorer social skills.

Young people from low-income families were more likely to experience isolation during school holidays. Their parents could not afford costly enriching activities so they had fewer opportunities to develop life skills (e.g. creativity, flexibility, teamwork) compared to their more affluent peers<sup>6</sup> and may have been less likely to socialise with peers at home so as not to incur additional food costs<sup>7</sup>. While evidence on the extent and nature of summer learning loss in the UK context was lacking, initial data suggested some aspects of learning loss may occur for children living in deprivation, possibly further increasing the disparity between disadvantaged young people and their less disadvantaged peers<sup>8</sup>.

Existing evaluations of the impact of summer holiday provision provided limited evidence on the effectiveness of different models of provision on outcomes; impact by demographic group; attendance patterns; and incentives and barriers to participation.

To help close the existing evidence gap, DfE launched the 2018 HAF pilot programme. This aimed to support disadvantaged families by providing healthy meals and enriching activities to young people during the summer holidays. In total, £2 million was allocated

to support new and existing providers across seven partnerships. This reflected the Department's policy to promote 'the educational outcomes of disadvantaged children and young people' by 'prioritising [...] the people and places left behind and the most disadvantaged'<sup>9</sup>.

Management information (MI)<sup>10</sup> from the 2018 pilot showed that providers delivered activities across 283 clubs, reaching 18,200 children. In total, 71% of children attended more than one session, with 25% attending more than half of all sessions.

## **2019 Holiday Activities and Food programme**

### **2019 programme objectives**

Following the proof of concept provided by the 2018 programme, DfE developed a more targeted pilot programme for 2019<sup>11</sup>. The initial plan was for the programme to provide up to nine lots of grant funding (up to £9m in total), supporting local coordinators across up to nine local authority (LA) areas, one in each of nine regions of England. The main role for coordinators was to oversee and commission HAF for children eligible for FSM, to:

develop a more efficient and joined-up approach to free holiday provision for disadvantaged children; and to ensure there is enough good quality free holiday provision to meet the demand from children eligible for free school meals (FSM)<sup>12</sup> in the local authority during the 2019 summer holidays.<sup>13</sup>

This was to be achieved through partnerships (e.g. targeting activity, referrals, greater collaboration between HAF and food providers); improving coordination across local areas to raise awareness and ensure all FSM-eligible children had access to good quality provision should they want to access it; and supporting the implementation of minimum standards and guidance.

Coordinators were required to award grants to holiday club providers so that all FSM-eligible children in their area had access to provision, should they want to access it. It was expected that delivery models and ways of attracting FSM-eligible children would vary (e.g. targeting specific groups, different payment arrangements for non-disadvantaged and disadvantaged children) and that coordinators would be realistic about the take-up levels of FSM-eligible children.

### **2019 programme set-up**

Following a competitive tendering process, 11 lots of grant funding were announced at the start of April 2019 split across the nine regions of England.

## Evaluation objectives and data collection

The evaluation approach was based on the programme's logic model provided in Appendix 1. The programme's key intended intermediate outcomes for children included:

- increased knowledge and awareness of health and nutrition
- eating more healthily over the summer holidays
- being more active
- taking part in enriching and engaging activities
- being safe

These were expected to lead to increased mental wellbeing and resilience as well as improved fine motor skills.

Intended intermediate outcomes for both children and parents included:

- increased engagement with school and local services
- increased knowledge and awareness of local free holiday provision

These were expected to lead to reduced social isolation.

## Initial scoping and evaluation development

The initial evaluation plan included the option of a multi-stage matched area difference-in-difference approach to quantify any change in attendance among FSM-eligible young people associated with the 2019 HAF programme. Initial scoping showed that this was not possible due to the absence of data for 2018 in both HAF and non-HAF areas.

As a result, a theory-based evaluation was adopted, taking a contribution analysis approach. In the absence of reliable comparator area data, this provides a systematic and transparent framework to examine attribution by assessing the contribution a programme is making to observed results. It sets out to verify the logic model behind a programme while taking into consideration other influencing factors. It is based on a six-stage approach: determining the attribution problem to be assessed; developing a logic model; adding existing evidence to the logic model; assessing the evidence of contribution to outcomes; seeking out additional evidence; and revising and strengthening the contribution story.

The contribution analysis for HAF was based on quantitative and qualitative data collection, to provide a credible, evidence-based narrative on the extent that HAF provided improvements in quality and quantity, and the mechanisms by which this was achieved. This focused primarily on feedback from HAF providers, coordinators, young people and parents. MI was linked to National Pupil Database (NPD) information to

provide additional information on young people taking part (e.g. FSM eligibility and Special Educational Needs and Disability (SEND) status, ethnicity) etc.

In total, 26 comparator areas were selected from a pool of unsuccessful areas during the HAF bid process, creating an area-level dataset. This dataset was then matched to the 11 successful areas outlined in Appendix 1 to provide a sample for data collection with non-HAF coordinators and providers.

## **Data collection approaches**

A mixed methods approach was adopted, incorporating quantitative and qualitative data collection and analysis, and a final synthesis of the evidence. This incorporated a process evaluation to understand how the programme was delivered across and within areas, and an impact evaluation to assess the quantity of provision as a result of HAF (including contribution analysis as outlined in the previous sub-section). A comprehensive overview of the methodology for both impact and process elements can be found in Appendix 1.

## **Process evaluation**

The process evaluation aimed to assess what activity was delivered; the enablers and barriers to effective provision; how the model could be sustained; and lessons learnt. Each HAF area was required to participate in a range of evaluation activities, summarised in the table below:

**Table 1: Evaluation tasks undertaken**

<b>Evaluation Task</b>	<b>Timeline and base size</b>
HAF pre and post coordinator in-depth telephone interviews	<i>Pre (July/August 2019) (n=10)</i> <i>Post (September/October 2019) (n=11)</i>
HAF provider pre and post online surveys	<i>Pre (n=419); post (n=241); merged pre and post (n=527)</i>
HAF case study visits to conduct interviews, observations and administer participatory tools	<i>During delivery (August 2019) (n=11)</i>
HAF online and paper surveys for children aged 8-11 and 12+	Survey of 8-11 year olds ( <i>n=862</i> ); surveys of 12+ year olds ( <i>n=269</i> )
HAF online parents survey	<i>n=370</i>
HAF MI	Ongoing, from all providers

### **Impact evaluation**

The impact evaluation was designed to assess quantity, accessibility and quality of HAF provision. This involved collecting and analysing MI from each area, comparing it to non-HAF areas through surveys and interviews, and linking it to NPD data. This fed into assessment of the extent to which HAF reached children eligible for FSM, and other NPD variables (e.g. SEN status) and the effectiveness of different types of provision.

### **Data analysis**

Unless otherwise stated, the findings in this report are based on self-reported information from coordinators, providers, parents and children. The main exceptions to this are NPD data and MI data, which were collected by providers.

### **Quantitative data cleaning and analysis**

Quantitative survey data was extracted and cleaned, before matching baseline and follow-up responses where possible. Data was merged across the HAF provider pre and post surveys where required. All other data (including separate pre and post HAF provider questions) was analysed separately. Analysis was undertaken in Excel or SPSS.

## **Qualitative data management**

A framework of themes and codes mapped to key research questions was developed at the initial stages of the evaluation. This informed the design of the data collection tools, including the topic guides used for the telephone interviews and the case study research, as well as the development of a set of Excel worksheets to capture notes and verbatim quotes. Thematic analysis was undertaken using NVivo and original transcripts.

# Set up and delivery models

## Key findings

### Successful HAF applicants

- A range of areas were awarded grant funding based on their bids, with slightly more of the areas being urban and having high levels of FSM
- Lead organisations were more likely to be Voluntary and Community Sector Organisations (VCSOs) or community interest organisations (six) than LAs (three). In addition, there was one school and one housing association lead
- In all areas, VCSOs and LAs partnered to deliver some of the HAF provision
- Three areas aimed to largely limit provision to FSM-eligible young people, with other areas being more open towards non FSM-eligible attendees

### Provision in HAF areas

- The extent of existing holiday activity provision in HAF areas was low in most and minimal in some
- Where provision existed, this was notably less than the level proposed under HAF, and tended to take place in certain sub-areas or with a specific thematic focus
- Existing provision provided enriching activities but provision of quality food and nutritional education was less common

### Initial set-up phase

- Coordinators felt that the initial set-up ran less smoothly than anticipated, largely due to the short amount of time available. This was seen to have an impact on their ability to engage with providers, particularly in areas where low levels of existing provision required the establishment of new provision
- Some areas felt that they had successfully mitigated against the impact of the short set-up phase by having marketing in place, being well-established in the community and having existing links to other organisations
- Coordinators generally took similar approaches to working with providers, dividing their area into sub-areas that were managed separately



- Triage approaches were informally used by coordinators to ensure that the providers who needed most support were allocated most support, with established providers with set policies and procedures needing minimal guidance
- Some areas faced specific challenges, including ensuring support from schools and potential partners, achieving the aspiration of offering provision at least 4 hours/day, four days a week, for four weeks during the summer holidays, identifying and recruiting FSM-eligible children, and engaging with children with specific characteristics (e.g. SEND)

## Overview of funded areas

The table below shows the profile of the 11 HAF areas in terms of FSM quartile; FSM-eligible population; type of LA; age 5-18 population; and urban and rural classification. Population data has been rounded to the nearest 1,000.

**Table 2: HAF area characteristics**

Area	FSM quartile	FSM population	Local authority type	5-18 population	Urban/rural classification
Area A	Quartile 1 (top 25%)	11,000	London	71,000	Urban, major conurbation
Area B	Quartile 1 (top 25%)	19,000	Metropolitan	127,000	Urban, major conurbation
Area C	Quartile 3	6,000	Unitary	53,000	Urban, significant rural
Area D	Quartile 4 (bottom 25%)	7,000	County Council	112,000	Urban, major conurbation
Area E	Quartile 2	6,000	Unitary	41,000	Urban, city and town
Area F	Quartile 2	5,000	Metropolitan	31,000	Urban, major conurbation

Area G	Quartile 1 (top 25%)	50,000	Metropolitan	221,000	Urban, major conurbation
Area H	Quartile 3	11,000	County Council	120,000	Mainly rural
Area I	Quartile 4 (bottom 25%)	15,000	County Council	225,000	Urban, significant rural
Area J	Quartile 1 (top 25%)	18,000	Metropolitan	109,000	Urban, major conurbation
Area K	Quartile 1 (top 25%)	10,000	Metropolitan	45,000	Urban, major conurbation
<i>Average</i>	<i>NA</i>	<i>14,000</i>	<i>NA</i>	<i>110,000</i>	<i>NA</i>

Source: LA FSM quartiles from [Schools, pupils and their characteristics: January 2018](#)

A range of different areas were selected across key criteria (as outlined in the previous table).

Each area outlined at the application stage the number of children in receipt of FSM they hoped to reach, with this ranging from 17% to 73%, with this then being revised in one area prior to delivery starting. Although no targets were set by the DfE, the number of children in receipt of FSM areas stated they aimed to reach was 64,996.

## History of provision

Areas had different historic approaches to provision, including:

- small-scale provision across a local area, run often by VCSOs or LAs, including some 2019 HAF coordinators;
- local provision run largely by private organisations, such as national physical activity providers;
- school-based provision, using small-scale funding for individual schools or transition across schools to meet specific local needs;
- more sporadic and individual site-based delivery by providers, often as part of individual clubs or faith communities.

Some historic provision was based on targeted work with certain sub-groups. For example, historic provision in Area H was very low, but there was a programme targeting

300 children on child protection, children in need, special guardianship orders, and children in care.

## Coordinator model

### FSM Targeting

HAF funding was aimed at children in receipt of FSM, both in terms of location and promotion, although providers were not required to provide services solely for these children.

One difference was that three areas (Areas E, F and H), run by LAs<sup>14</sup>, specifically targeted young people in receipt of FSM. In Area E they interpreted the guidance as requiring that all young people attending were eligible for FSM:

I was slightly shocked at the fact that the number people were just going for a wholesale 'we're going to provide this activity and we're going to take a gamble that people on free school meals will turn up' whereas it's meant to be exclusively for those people on free school meals. – *HAF Coordinator, Area E*

A significant challenge for coordinators was eligibility for the programme: targeting exclusively children in receipt of FSM meant that some disadvantaged young people would miss out as they did not qualify for FSM. An alternative was suggested that partners could make referrals on the basis of need. There was also a view that it was more difficult for non-school organisations to identify those in receipt of FSM than for schools, as the latter automatically recorded this information.

## Initial overall role

### Mapping provision

All areas undertook geographical mapping prior to their application. Where existing provision was largely in place, mapping required identifying and making contact with existing providers, then identifying possible gaps. Where there was less existing provision, the initial mapping was more straightforward, but considerable time was required to identify, contact and engage with potential providers:

I think the mapping process was really useful but it was very time-consuming. We used it first of all to identify, well, really just to see, well, with a wide variety of organisations, schools, children centres, voluntary, safe, sports, and that helped us to identify planned provision, however, that also made it clear early on that there really

wasn't anything to base a programme on, we were starting from scratch. – HAF Coordinator, Area A

The mapping identified gaps, either a single geographic area (for example, an underserved part of a LA) or smaller areas with shared characteristics. One theme was the need to ensure provision covered the full range of rural/urban locations. This was apparent in Area F, a more urban area with distinct pockets of disadvantage in ex-mining villages, and Area H, one of the more rural areas but with some very urban locations with a high prevalence of children in receipt of FSM.

Other research and mapping identified additional gaps in provision, for example a lack of existing clubs focusing on young people with additional needs. Other mapping exercises resulted in focusing on refugees and victims of domestic violence or aimed to ensure that half of all provision included targeted parental support, with the remaining half focused more solely on young people.

Certain coordinators felt that more time would have been beneficial to undertake mapping, particularly to avoid duplicating activities in neighbouring providers or to link different types of provider to help fill gaps.

There wasn't time, although we had some interest from arts organisations, there really wasn't time to pair them up with physical activity providers or deliver training, to bring them up to a standard where they could legitimately have helped children meet their physical activity guidelines. – *HAF Coordinator, Area K*

## **Awarding funding**

HAF coordinators used a variety of approaches to raise awareness of HAF among potential providers and encourage them to apply. Providers reported finding out about the fund either from direct contact from coordinators via group meetings, direct phone calls or e-mails, word of mouth, or from indirect mechanisms such as websites.

Initial engagement processes ran smoothly where coordinators had prior experience and providers were largely in place. These providers were used to similar application processes and tended to have few questions around programme requirements. Successful providers were positive about the information that they received and the opportunity to get involved in the programme, being particularly motivated by the opportunity to access additional funding.

The engagement process was more time-consuming and difficult in areas where there were more potential new providers, with this being exacerbated by the short lead-in time. In some areas providers were not available for face-to-face information sessions, with

coordination teams offering phone conferences and one-to-one discussions as an alternative.

New providers tended to feel that initial requirements were considerable. One coordinator noted that this was very different from the 2018 HAF programme where they could easily focus on existing providers who had proven processes in place:

For this summer, I have noticed a real difference. It has been step-by-step, small step by small step, as you can imagine, even like telling people they had to get public liability insurance for £5 million, and how you do it, to how to do a risk assessment; how to recruit volunteers and train them; where to get support; and some haven't made it to delivery. – *HAF Coordinator, Area A*

These issues were exacerbated where coordinators had less prior experience and it was difficult to establish partnerships with other organisations. The main thematic issues noted by coordinators when engaging providers during initial set-up were:

- The length of time available to engage providers
- Getting services (e.g. children's services and public health organisations) on board with specific requirements
- Funding only being available for one year making some potential providers concerned around a drop-off in funding and capacity in future years
- Some smaller providers relying on volunteers more than on paid staff

The approach of coordinators was to award funding to providers through an open application process which involved standardised application forms and a review and selection process. Selected providers were expected to sign up to training. Providers generally felt application forms were sensible and straightforward, but a small number were confused around requirements.

### **Ensuring joined-up and efficient support**

The support function was seen as a significant part of the coordinator role:

Some people have venues, but they don't necessarily have huge numbers of staff. Other people have staff. Matching up and skilling people and getting funding, grant agreements, doing all the due diligence on managing the financial element of the funding, so people do have the right insurance in place, all the policies and procedures that are required in place has been a mammoth sized job. – *HAF Coordinator, Area G*

Coordinators developed set organisational structures to facilitate support, often dividing areas into sub-areas, with responsibility for delivery across each setting with specific staff who reported directly to coordinators. For example, one of the smaller areas split their LA into twelve wards while a far larger area divided their area into ten districts (see following case study). Some coordinators developed specific plans for each sub-area, with key performance indicators set to facilitate monitoring.

### **Case Study 1: Coordinator support across a large area**

The LA was split into ten districts. Each district was allocated to one of four designated leads, tasked with establishing direct partnerships to support network hosting, coordination and identifying delivery priorities. Each lead provided a community briefing for their districts (supported by other members of the coordination consortium) to pass on information about the programme and the available grants. Wider recruitment also took place, involving going to community settings and liaising with key stakeholders and the public. This was supported by work with local education partnerships and the LA, who helped convene meetings for briefings and supported communications.

Delivery and training budgets were devolved to districts, with some funding ring-fenced for groups that were being prioritised, like refugees and victims of domestic violence.

Mentors were provided to support delivery partners (primarily community organisations) to facilitate engagement with local schools.

Coordinators offered visits, phone calls, e-mail contact and, in one area, an app. In an area with many providers, the coordinator sent weekly e-mails covering FAQs, challenges, incentives and top tips for communication and marketing. Many coordinators discussed initial needs with providers and then tailored the support to these as appropriate. Newer providers generally received more support, particularly in developing policies.

### **Challenges in the set-up phase**

A strong theme was coordinators feeling the set-up phase was too short:

There's certainly been some challenges, I think probably the biggest one for us is timescales, and I think it's probably, we're in that position that it is our first year, whereas other years perhaps... had some of the structure in place. We've had to start from scratch. –  
*HAF Coordinator, Area D*

Coordinators felt the short time period made it difficult to design the offer to providers, market it and make sure they were fully prepared. This was a particular challenge for small volunteer-run organisations.

Some areas were able to deal with the short set-up phase more easily as they could build on approaches they had already developed. In particular, it was easier to set up provision in the timescales required where organisations were well-established in the community, had existing links to other organisations, and had marketing and engagement plans that had been tested previously. Some coordinators had also prepared Expression of Interest forms for providers in advance, while others planned delivery before receiving confirmation of HAF funding.

Another challenge reported by coordinators related to interpreting the aspiration to deliver provision at least four hours a day, four days a week, for four weeks during the summer holiday (“4:4:4”). Some providers delivered 4:4:4 individually, while others offered it in collaboration with others.

A further theme was the challenge in engaging schools, particularly where coordinators were not previously involved with the education system in this way. Coordinators reported schools expressing an interest in the beginning but then not engaging. A range of reasons were given, including difficulties making arrangements with staff during exams, the school not being available for the required period, ongoing maintenance or other logistical requirements, or as there was not a key holder available to open the school.

Providers expressed different views as to the best approach to engage schools, with the main approaches being either targeting head teachers directly or aiming to ‘find the change maker in a school’. A secondary theme was the perception that additional support from DfE could have been valuable in specific areas where engagement was difficult:

I think there could be [...] marketing that the DfE does to promote the engagement across all schools, [...] to get them to support and engage with this programme... I think there needs to be something that just eases the pressure on individual bodies to try and mobilise schools which are very difficult to work with and engage outside of the core responsibilities. – *Coordinator, Area G*

Some coordinators found it difficult to engage with particular groups of young people to the extent they initially planned, for example SEND children or refugees. This was largely due to there being insufficient time to engage, but there were additional concerns around whether the quality standards were necessarily required in specific circumstances, for

example, whether shorter sessions than expected in a 4:4:4 approach were more suitable for participants in SEND-based provision.

## Provider model

### Overall provider figures

Overall, approximately 532 providers were engaged across the HAF provision based on data provided in the MI returns<sup>15</sup>. The number in each area differed considerably, ranging from 18 to 88.

### Lead organisation

The table below shows the type of providers in HAF and non-HAF areas, based on provider surveys.

**Table 3: Type of lead organisation in HF and non-HAF areas**

	HAF Areas	Non-HAF Areas
VCSO	47%	41%
School	18%	2%
Private organisation	17%	22%
Local authority	6%	24%
Church or faith group	2%	2%
Housing association	1%	0%
Food bank	<1%	0%
Other	7%	9%

Source: HAF provider pre and post survey; Non HAF provider pre and post surveys

Base: All HAF providers, exc. DK/blank (529); All non-HAF providers, exc. DK/blank (174)

Almost half of all HAF providers (47%) were VCSOs, followed by schools (18%) or private organisations (17%). A small proportion were LAs (6%), with limited percentages of church/faith groups (2%), housing associations (1%) and food banks (less than 1%). The proportion of schools engaged in the HAF programme was largely driven by two areas in which a large majority of providers were schools.



## New and existing providers

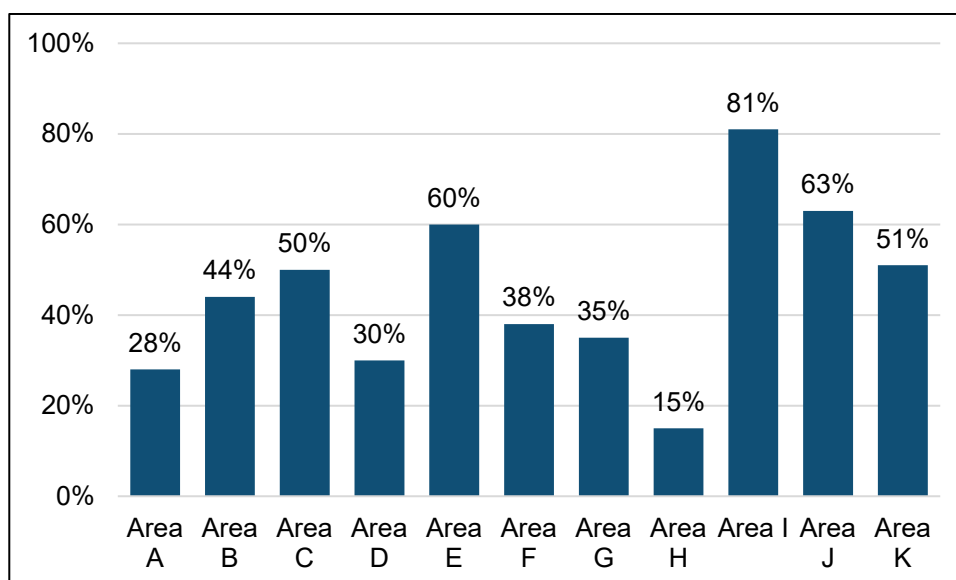
Almost half of HAF providers (47%) stated that they were formed for HAF in summer 2019, with 6% starting earlier in 2019 and most of the remainder (46%) formed in 2018 or earlier. Schools were most likely to be running clubs for the first time (63%), compared to 43% of VCSOs, 35% of private organisations and 52% of other types of provider.

Comparison of HAF and non-HAF provider surveys showed that the proportion of new clubs was substantially higher in HAF areas (47% compared to 4%). This may reflect in part that providers in non-HAF areas were easier to identify if they were in place previously.

## Area approach to provider

The following figure shows the proportion of new providers in summer 2019 in each area.

**Figure 1: Proportion of new providers per HAF area**



Source: HAF provider pre and post survey

Base: HAF provider pre and post survey (429)

Generally, the type of coordinator in each area reflected the type of provider (e.g. school-based provision was highest in the area with a school leading). There was a range of profiles of type of provider and participant age across areas:

- in Area I, just over three-quarters of providers were new. This area had a small number of providers and relied largely on school-based provision

- in Areas J and E over half of providers were new. Both had a large number of providers, with one coordinated by a VCSO and the other a local authority. Both tended to recruit a larger proportion of providers of those particular types
- in three areas (B, C and K) around half their provision was new. The nature of the areas and the coordination models varied
- four areas (A, D, F and G) had slightly below average levels of new provision.
- in Area H around one in seven providers was new (15%). This was a relatively rural area, with an average number of providers but more reliance on private provision than other areas and considerably less on schools

## **Staffing**

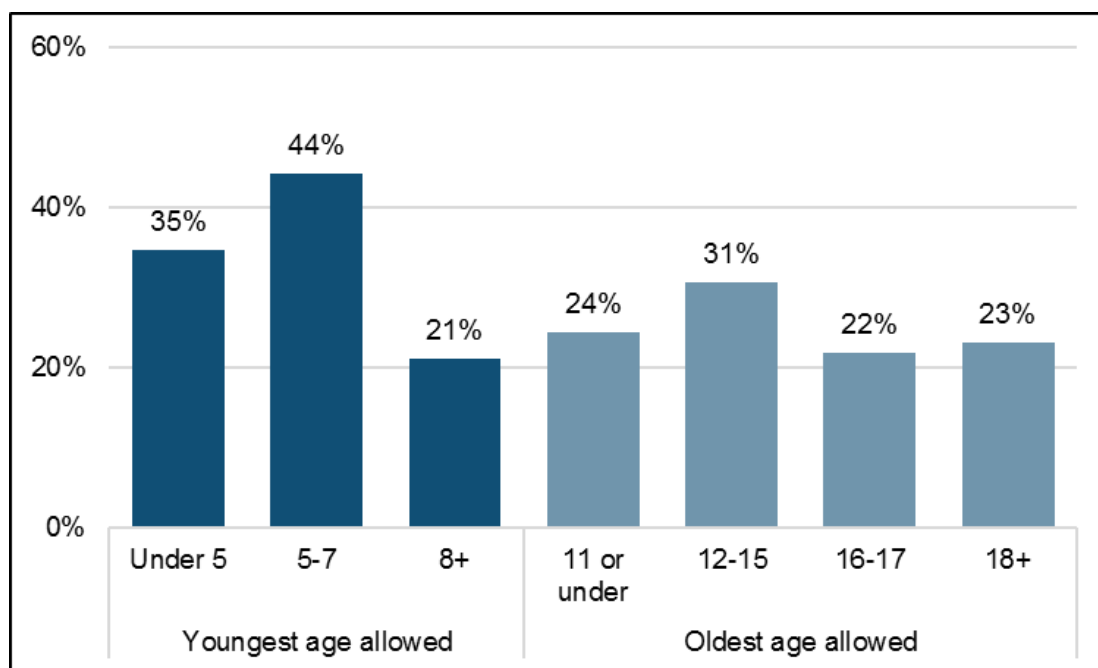
The provider pre survey showed that most of the 420 providers responding were using a mixture of paid and unpaid staff (57%), with 40% using paid staff only. A small proportion (3%) used only volunteers. Private organisations were most likely to rely solely on paid staff (76%), compared to 48% of schools and 17% of VCSOs (52% of other providers).

Some projects were fully staffed from the outset, while others required flexibility when the number of young people attending fluctuated. Often this involved providers lending staff to each other and swapping volunteers to fill a general gap or provide a different skillset. Some providers trained parents to ensure sufficient staff were in place and to increase engagement.

## **Age of participants**

Providers were asked as part of the pre and post surveys to state from a pre-coded list the youngest and oldest age at which young people could participate in HAF provision.

**Figure 2: Youngest and oldest age allowed to attend provision**



Source: HAF provider pre and post survey (exc. DK/blank)

Base: (507)

The following table shows the relationship between youngest and oldest ages allowed. As an example, 9% of all providers stated that the youngest age allowed was under five and the oldest age allowed was 11 or under.

**Table 4: Youngest and oldest age allowed**

	Youngest age allowed		
	Under 5	5 to 7	8 or older
Oldest age allowed			
11 or under	9%	14%	2%
12 to 15	7%	16%	7%
16 to 17	5%	10%	6%
18 or over	14%	4%	6%

Source: HAF provider pre and post survey (exc. DK/blank)

Base: (507)

Around a third (35%) of providers allowed young people under the age of five, 44% started at five to seven and 21% required attendees to be at least eight. In terms of the oldest age allowed, 24% allowed children up to age 11, 31% up to 12 to 15, and one-fifth up to 16 or 17 (22%) or 18 or over (23%). The most common age ranges for provision were ages five to 12-15, ages five to 11, and ages under five to 18 (16%, 14% and 14% respectively).

## **Challenges identified by providers**

Providers identified a range of challenges at the initial set-up phase, with this being particularly the case for newer providers. The main challenges reported were:

### **Staffing**

Providers felt under pressure to get staff in place, often with limited time. Recruitment was particularly difficult where staff to young person ratios were high, for example with very young children, particular needs (e.g. SEND) or possible behavioural issues. Logistical requirements, most notably needing DBS checks, was also a challenge. Another issue was the reliance on staff being provided by partner organisations, with providers querying whether they would turn up and have the local knowledge required to support delivery effectively.

### **Attendance and management information**

A key concern was maximising attendance. The limited set-up time made marketing difficult in certain situations, for example where it needed to meet the varied language requirements of the area. The possibility that families may book places but not attend was noted, with providers perceiving this to be more likely among disadvantaged families. An additional theme was a concern that the free nature of provision meant there was no perceived penalty for non-attendance, and this may make it difficult to achieve attendance targets. Whether booking systems would work, particularly those relying on technological approaches rather than paper-based recording, was another query. Another challenge noted by providers was where other, nearby provision may have been seen as more appealing by young people with specific characteristics.

Concerns around MI included not being sure about the rationale and/or the suitability of the data collection process, including the reliance on spreadsheets and accessing the required information from attendees when they could not speak English.

## Partnerships

A particular success factor was the ability to establish partnerships and referrals, especially with schools. Where school support was in place this was valued, especially when it provided venues or kitchen facilities. However, engagement could be less than expected:

The overall lack of support from schools has been a massive let down - we expected perhaps wrongly that with this being DFE scheme, schools would have been on board and opening up their doors, kitchens and staff but this has been very minimal and only with schools we have existing partnerships with. – *HAF Provider, Area G*

## Quality standards

Meeting quality standards was noted as an initial concern, mainly in relation to the provision of healthy food. Themes included the cost of food, having sufficient trained staff and food to cover fluctuating attendance, meeting dietary requirements and sourcing ingredients, with a less common theme around whether young people would actually eat the food.

Other quality standards were less of a concern. One view was that physical activities may prove off-putting for some young people, or that relying on an outside provider may be difficult. Nutritional education was not a particular concern, with those with prior experience feeling confident. Likewise, there were very few concerns around delivering enriching activities. Finally, the weather was felt to be a possible issue, potentially affecting both outdoor physical activity and trips out.

## Quantity of delivery

### Key findings

#### Marketing and engagement

- Approaches to engagement varied from targeting individual FSM-eligible children to targeting an area with a high proportion of FSM-eligible children
  - Individually targeted approaches involved engaging with schools to promote HAF and ensure direct referrals of FSM-eligible young people
  - Location targeted approaches involved broader marketing aiming for general recruitment of young people, in areas where FSM eligibility was high
- A range of marketing approaches were used, with parents/carers being most likely to have heard of HAF via teachers or school staff (28%), although less targeted approaches such as leaflets (16%) and social media (15%) were reported
- Parents encouraged their children to attend mainly due to the opportunity to try or learn new things (48%), as it was free (42%), children could make new friends (42%), the provision location was convenient (31%) and the club was safe (30%)
- There were concerns among coordinators and providers around FSM-eligible young people feeling stigmatised. Another concern was that FSM-eligible children would not attend where friends or family members did not meet eligibility criteria

#### Frequency of provision

- As noted previously, around half (54%) of providers reported that they were newly formed in 2019 (47% in Summer, 6% earlier in 2019) and hence had increased provision compared to 2018
- Over three-quarters (84%) of 2019 HAF providers stated they had or were planning to meet the 4:4:4 aspiration
- The proportion of HAF providers delivering in both 2018 and 2019 who stated they met 4:4:4 was 53% in 2018 and 91% in 2019

#### Attendance: young people

- Management Information returns suggest approximately 50,000 young people attended Holiday Activities and Food projects during 2019

- The National Pupil Database (NPD) linked data shows 41% of this group were eligible for FSM in 2019, with exactly half of attendees (50%) having been eligible for FSM at some point in the last six years
- NPD data showed most areas with between 34% and 44% of those attending being eligible for Free School Meals. Actual FSM prevalence in these areas varied from around a tenth to just under a third of primary and secondary attendees
- The two areas with the highest proportion of eligible FSM participants were not among those local authorities with the highest levels of FSM eligible young people. Both had targeted this group to a greater extent than other areas
- Just over half (56%) of those with linked NPD data were from a white ethnic background. Nearly a quarter (23%) were classified as SEND, 5% were classified as Children in Need and 1% as Children Looked After
- Of those eligible for FSM in 2019, 29% attended five to ten sessions and a further 27% attended more than 10 sessions. These proportions were the same for those eligible for FSM over the last six years. Just under a fifth (18%) attended for only one session
- Providers tended to feel that HAF funding had a large positive (63%) or generally positive (24%) impact on the number attending
- Around three-quarters of providers reported that provision was free for all young people (40% for private organisations)

#### **Attendance: parents/carers and families**

- Providers took different approaches to engaging parents and carers, primarily allowing them to attend on a voluntary basis rather than either requiring parent/carer attendance or not allowing it at all
- Parents and carers got involved for a variety of reasons, but most notably to spend time and have fun with their children

## **Engagement and marketing**

### **Approach to engagement**

Areas took a range of approaches to engaging young people and families:

- Individually targeted: Engaging with schools and other children's services to specifically target individuals eligible for FSM

- Location targeted: Engaged all parents/carers and children within specifically targeted areas, using marketing and word of mouth
- Mixed approach: Using elements of both individual and sub-area approaches as required

### ***Individual targeting***

Those that adopted an individually targeted approach engaged with schools (or, less frequently, other children's services) to promote HAF to FSM-eligible young people. These young people were referred to coordinators or providers and given either exclusive access to the club, or preferential access to marketing information. Some coordinators and providers used other criteria of disadvantage, such as Looked After Children, to target their provision. If further spaces were available, these were opened to young people not in receipt of FSM.

The core reason for providers adopting an individual targeted approach was existing strong links to schools and service providers, with these enabling them to directly target FSM-eligible children:

I think where it's worked best has been when either we, as coordinators working across partners, or local organisations have had connections with social services, the behavioural units and pastoral care staff at schools... and [can] give them the relevant information about what is happening in a way that then really resonates with the parents and carers or with the kids. – *HAF Coordinator, Area B*

Areas that did not have strong links with schools and children's services had to take different approaches:

Neither the local authority nor us as a national organisation has a way to access them or communicate with [schools]. Free School Meals is the proxy that the programme is using, and if you cannot do that [as a targeting approach], it becomes very blunt. You can leaflet areas where there are high concentrations of [young people on] Free School Meals which we did, we can knock on doors which we did, use GP surgeries, other referral routes, but as soon as you do that it becomes more of a trawl than any sort of targeted promotion. – *HAF Coordinator, Area K*



## ***Location targeted approaches***

Those that adopted a location targeting approach promoted holiday clubs to all children within those areas, generally targeting areas with a high proportion of FSM-eligible young people. As potential participants were generally not being individually identified, marketing was undertaken through 'word of mouth', leaflets being provided in public spaces, and social media.

Location targeted approaches were preferable where HAF coordinators had enough information about the area to place provision where eligible children could attend:

So we have marketed in order to target our food for all children but we will not know how many are on free school meals because we simply haven't asked as we do not want this programme to be seen as a programme just for, like, poor children. It is open to all, all are welcome. – *HAF Coordinator, Area A*

Location targeting was very difficult in rural or sparsely populated regions that did not have concentrated areas of deprivation. For example, this was an issue in Area D as social housing and very expensive houses were very close to each other. In some rural areas, coordinators established provision in relatively affluent nearby towns, so it would be central and accessible to a wide population spread over a large area.

Some HAF coordinators chose not to adopt individually targeted approaches out of a concern about stigmatising young people in receipt of FSM. They also worried that parents/carers who were slightly above the FSM threshold might miss out on being supported.

## ***Hybrid approaches***

A group of coordinators and providers adopted a hybrid approach, engaging young people through individual or location targeting depending on needs:

I would say it was a balance of the two. [The providers] were universal in their approach [...] but they also targeted kids on free school meals. If you were on free school meals you got primary place. – *HAF Coordinator, Area J*

In Area E, coordinators took a different mixed approach following scoping, whereby new clubs were set up for free school meal children only.

## Approach to marketing

Coordinators and providers took a variety of approaches to marketing. The following table shows how parents/carers stated they had heard about the holiday club:

**Table 5: How parents/carers found out about holiday club**

	Parents/carers
<b>Referral from an organisation</b>	
Teachers or someone else at my child(ren)'s school	28%
Someone at the holiday club	3%
<b>Direct marketing</b>	
Leaflet	16%
Poster	1%
<b>Social media or internet</b>	
Social media	15%
Internet	2%
<b>Word of mouth</b>	
Friends	9%
Someone else told me	8%
Someone else in my family	3%
My child(ren)	3%
<b>Other/don't know</b>	
Other	13%
Don't know	1%

Source: Parent/carer survey

Base: All respondents (372)

A sizeable minority of parents stated that they heard about the club by direct referral from a school (28%). Coordinators felt it was particularly effective to collaborate with a range of organisations, including local authorities, social workers, family support workers, Jobcentres, housing associations, schools and VCSOs. These were seen by one coordinator as 'trusted messengers', who worked closely with families of children in receipt of FSM and could advertise HAF clubs to them, reducing the stigma attached to being entitled to FSM.

Existing relationships facilitated referrals, as in Area J where schools, VCSOs and private sector organisations were key. In many areas, including non-HAF areas, children were referred from schools, which were asked to target FSM or disadvantaged children:

We could basically say to the schools, 'we've got this funding for children on Free School Meals, the point of the fund is to target these issues, and then you know these kids best, so you refer the children you think would most benefit from this type of provision'. – *HAF Coordinator, Area H*

Providers felt that targeting through schools, where possible, was particularly effective. They invited children attending their other provision to their holiday club or approached families in places like community centres and food banks.

Coordinators printed out leaflets for parents and professionals, and providers in both HAF and non-HAF areas produced leaflets and posters. In one area, the coordinator sent letters to all children in receipt of FSM, inviting them to participate in the clubs. Parents mentioned seeing HAF leaflets in church, or reported that their children brought them home from school. Some coordinators chose not to print leaflets as they felt they would not reach their target families efficiently and may not engage families with lower levels of need.

In total, 15% of parents first heard about the club through social media (HAF and non-HAF providers often directly publicising clubs via this method) with a further 2% hearing via the Internet in general. Social media channels used were local parents' Facebook groups and providers' social media channels, such as Instagram, Facebook and Twitter.

A small proportion of parents became aware of the club via word of mouth, mostly via friends (9%). Others found out from fellow parents, and by parents recommending the clubs to each other. This was seen as helping increase attendance during the first week of the summer.

Where providers took the lead on marketing, a broad-based approach was perceived to have worked best:

We've put it out on social media, we've done leaflets, we've done door knocks. We've done talking to families as well. We've been to food banks and places like that and spoke to families, young families [...]. You have to be proactive, it's no good just putting a few posters and hoping it will work. – *HAF Provider, Area D*

## **Barriers to marketing**

Several HAF coordinators and non-HAF providers were concerned about stigmatisation. One aimed to present HAF in very positive terms, following feedback from parents that they 'felt like they're being highlighted as poor, or inadequate' by targeted FSM marketing. Another was 'targeting behind the scenes and under the radar', for example by working with schools and asking them to refer children in receipt of FSM or 'at the edge of the benefit system':

Having lots of media around holiday hunger and the stigmatisation of poverty just generally, it creates barriers for participation and service uptake across lots of services, [it] is challenging to get the right people. – *HAF Coordinator, Area G*

Some schools did not tell families about HAF, which meant clubs in those areas were undersubscribed, with attendance being perceived to be higher where schools promoted clubs.

## **Decision making and motivation to attend**

The secondary age children's survey showed just over a quarter (28%) made the decision to attend the club jointly, with a notable proportion either making the decision with someone else (41%) or someone else making it for them (30%).

The following table shows the factors reported by parents/carers as encouraging them to get children to attend clubs:

**Table 6: Factors encouraging parents/carers to get children to attend clubs**

	Parents/carers
<b>Activities and experiences</b>	
It gives my child(ren) the chance to learn/try new things	48%
My child(ren) will have the chance to make new friends	42%
There is a good range of different activities	39%
The holiday club gives my child(ren) something positive to do	28%
The holiday club provides healthy food	21%
I am able to take part in activities along with my child(ren)	9%
<b>Practical factors</b>	
The holiday club is free of charge/cheap	48%
The location is convenient	31%
The holiday club is safe	30%
The holiday club is trustworthy	22%
The holiday club's hours suit me	13%
My child(ren) had attended previously	8%
No/less need for childcare	7%
It means I can get more done in the holiday period	5%

Source: Parent/carer survey

Base: All respondents (374)

Parents/carers were keen for their children to try new things. One parent in Area E referred to them getting a 'taster of different things that you wouldn't necessarily get them involved with at home'. Others felt that the holiday clubs would provide a space where their children could express themselves and feel comfortable, as well as providing them with things to do when they might have been bored otherwise.

The most prominent practical motivation was that the provision would be free or affordable. Many parents/carers explained how their children would not have the opportunity to attend a similar club unless it was free, taking children out to do things

over the summer can be expensive and ‘a lot of other things throughout the summer holiday aren’t very cost-effective’ (HAF Parent/Carer, Area I).

Another theme was that parents/carers were pleased that provision was in place and less immediately concerned around the specific details of what was being delivered. Finally, data from the parents/carers survey showed that just over a fifth (21%) had previously sent their children to the same holiday club. Interviews suggested this was a key motivating factor, with parents/carers feeling comfortable and happy for their children to continue to attend.

## Frequency of provision

All HAF providers were asked as part of the provider survey to state how often they planned to or were meeting the 4:4:4 aspiration. In total, 84% said this was the case, 6% almost and 9% a lot less.

The table below shows results for both HAF and non-HAF club operating hours and the providers that delivered services in 2018 and 2019. This therefore does not include the providers that were new in 2019 (54% of those responding to the survey) who, by definition, would have increased their opening hours over this period. Non-HAF point in time data should be interpreted with caution as there may be self-selection bias with engaged, large-scale and effective providers more likely to respond.

**Table 7: Proportion of 2018 and 2019 clubs delivering 4:4:4 in HAF**

How often was your club open during the summer?	HAF		Non-HAF	
	2018	2019	2018	2019
At least four hours a day, four days a week, for four weeks	53%	91%	75%	70%
Almost four hours a day, four days a week, for four weeks	17%	6%	18%	21%
A lot less than four hours a day, four days a week, for four weeks	28%	4%	7%	8%

Source: HAF and non-HAF provider pre and post surveys

Base: HAF providers (53), non-HAF providers (71)

Around half (53%) of providers in HAF areas claimed to deliver 4:4:4 in 2018 (26%), compared to almost all (91%) in 2019, while the proportion in non-HAF areas remained constant (75% in 2018 and 70% in 2019).

In total, 4% of HAF providers said their club was open 'a lot less than' the 4:4:4 aspiration suggested, with 6% that they almost reached this level. This may have been as some coordinators had groups of providers working together to achieve 4:4:4, rather than requiring them to each deliver it individually.

Non-HAF providers generally felt they would have been able to offer more in terms both of quality and duration and frequency of provision had they received HAF funding:

It would have been bigger and better. We would have had more staff, we would have had more children, and we would definitely have had more cooked balanced meals instead of snack type meals. We would have had extended opening hours, we would have more day trips, we would have had better day trips. Yes, we offered a poorer version. –

*Non-HAF Provider*

## Attendance: young people

Data on attendance at HAF provision was captured by providers through their MI records. In total, information was given for 49,938 individuals. This is not likely to be a fully accurate reflection of overall attendance as:

- There are likely to be some missing data for some projects, particularly those where recording details on an on-going basis was difficult, such as clubs that ran outdoors.
- There may be some double counting across projects and within projects. Where the same individual clearly appeared in data on multiple occasions they have only been counted once. However, some records give no personal data or only give a name, with this not being sufficient to determine if the individual appears in the dataset more than once. Such records are included in the overall total of 49,938 if they attended at least one session and are treated as separate individuals.
- Records were not included if basic information was provided for an individual, but Management Information did not show them attending any sessions. This assumes that those individuals did not actually attend sessions (potentially due to them only attending to register). It is possible that some did attend sessions, but this was not recorded.

Respondents were then linked to National Pupil Database (NPD) to provide additional demographic information for participants. This linked data is used in the remainder of the section. Only records that were provided by coordinators and could be matched to the NPD are included in the analysis. This analysis therefore excludes where the management information recorded was not sufficient to enable a reliable match to be made and any individuals who were not attending school. As noted, just over a third of providers (35%) reported that they allowed some young people under five to attend provision. This matching process resulted in full NPD linked data being accessed for 30,187 of the total 49,938 individuals included in the original MI. Potentially, the exclusion of the remaining 19,751 unmatched records may affect the findings reported on in this section.

### **Overall numbers and age/gender (FSM)**

The following table shows the number and percentage of those attending provision who were eligible for and claiming Free School Meals according to the linked NPD data, including data by area and information on the FSM quartile for each location. This data should not be interpreted as suggesting that certain areas have done 'better' than others in engaging young people who were eligible for Free School Meals as both the number and proportion of eligible young people attending HAF provision need to be taken into account (for example a high proportion of eligible young people being better if there a high number were engaged than a low number) and the ability to engage young people and those on Free School meals is affected by both the profile and historic nature of provision in areas.



**Table 8: FSM attendance by provider area**

<b>LA</b>	<b>Number eligible for FSM</b>	<b>% eligible for FSM</b>	<b>FSM Quartile</b>
Area A	990	34%	Quartile 1 (top 25%)
Area B	884	41%	Quartile 1 (top 25%)
Area C	895	43%	Quartile 3
Area D	635	44%	Quartile 4 (bottom 25%)
Area E	1,214	76%	Quartile 2
Area F	421	39%	Quartile 2
Area G	2,867	36%	Quartile 1 (top 25%)
Area H	698	61%	Quartile 3
Area I	537	38%	Quartile 4
Area J	1,359	35%	Quartile 1 (top 25%)
Area K	1,826	41%	Quartile 1 (top 25%)
<b>Total</b>	<b>12,326</b>	<b>41%</b>	

Source: NPD and provider MI

Base: All NPD matched individuals. Area A (2,900), Area B (2,168), Area C (2,094), Area D (1,436), Area E (1,593), Area F (1,083), Area G (7,951), Area H (1,145), Area I (1,429), Area J (3,909), Area K (4,479), Total (30,187).

Analysis of the NPD matched data showed that 41% of those attending a HAF provider club were eligible for FSM in 2019. This compares to 14% of those attending primary schools and 16% attending secondary schools across England as a whole in January 2019, although the actual proportions attending in each HAF area ranged from just under 10% in one area to just under 30% in two areas<sup>16</sup>.

When asked about FSM eligibility, many coordinators highlighted the fact that they did not use FSM as their only eligibility criteria, with a main theme being that they felt FSM eligibility did not cover all disadvantaged children in their area and they wanted to deliver wider or universal provision. To achieve this, providers purposely located their clubs in highly deprived areas but allow them to be open to all potential attendees:

So that the access would be easier [...] most organisations that we targeted and engaged with were the ones we knew were working with deprived, vulnerable communities. – *HAF Coordinator, Area G*

We targeted, as much as we could: Pupil Premium, Free School Meals, vulnerable families and [we] had lots of referrals through from children's services, but we then made sure that they were as near to deprived areas and deprived postcodes as we could, so that we could pick up other families. – *HAF Coordinator, Area I*

There was some variation across areas in the proportion of those linked to NPD who were eligible for FSM, although most areas had between 34% and 44% of those attending being eligible. Although HAF data cannot be directly compared to administrative data (due largely to different providers having different age criteria), the latter showed around a tenth to a third of young people in primary or secondary schools were actually being eligible.

The two exceptions were Area E and Area H, with these recording the highest percentages of attendees eligible for FSM, at 76% and 61% respectively, although neither was one of the areas in the top quintile for FSM eligibility. As noted earlier (see section on co-ordinator model), while areas generally worked to engage FSM eligible young people and prioritise their recruitment, Areas E and H were two of the areas, along with Area F, where they had a particular focus. These areas were all run primarily by local authority coordinators and while one was a town/city the other was mainly rural. There was a theme in these areas that the considerable focus they placed on engaging FSM eligible young people had made organising provision more difficult than otherwise, potentially affecting overall numbers being engaged.

Of those eligible for FSM, 80% were of primary school age, with 20% of secondary school age. This is reflective of the matched data overall, where 79% of attendees were of primary school age and 21% of secondary school age.

The following table shows the proportion of young people at either primary or secondary school who were eligible for Free School Meals in each area.

**Table 9: Eligible for Free School Meals by provider area and school type**

LA	Primary	Secondary
Area A	39%	29%
Area B	40%	43%
Area C	41%	55%
Area D	46%	30%
Area E	75%	88%
Area F	38%	51%
Area G	36%	36%
Area H	62%	56%
Area I	38%	37%
Area J	33%	42%
Area K	40%	46%
<b>Total</b>	<b>41%</b>	<b>40%</b>

Source: NPD and provider MI

Base: All NPD matched individuals. Area A (1,543 primary, 1,357 secondary), Area B (1,705, 463), Area C (1,813, 281), Area D (1,249, 187), Area E (1,404, 189), Area F (984, 99), Area G (6,164, 1,787), Area H (920, 225), Area I (1,149, 280), Area J (3,313, 596), Area K (3,730, 749), Total (23,974, 6,213).

Data showed similar proportions of primary and secondary young people were eligible for Free School Meals in most, but not all, areas. Area A (39% compared to 29%) and D (46%, 30%) had higher proportions among primary school young people, with Area C (41% compared to 55%), E (75%, 88%) F (38%, 51%) and J (33% compared to 42%) having lower proportions.

Overall, attendance of those eligible for FSM was fairly equally split by gender, at 48% female and 52% male. There was a similar pattern for most areas, with Areas F and I recording the highest share of females (at 53%) and Area H the lowest (at 42%).

## Overall numbers and age/gender (EverFSM6)

The following table shows the number and percentage of children attending a club that were eligible for FSM in the past six years.

**Table 10: EverFSM6 attendance by provider area**

LA	Number EverFSM6	% EverFSM6
Area A	1,407	49%
Area B	1,111	51%
Area C	1,020	49%
Area D	673	47%
Area E	1,260	79%
Area F	512	47%
Area G	3,803	48%
Area H	762	67%
Area I	641	45%
Area J	1,743	45%
Area K	2,067	46%
<b>Total</b>	<b>14,999</b>	<b>50%</b>

Source: NPD and provider MI

Base: All NPD matched individuals. Area A (2,900), Area B (2,168), Area C (2,094), Area D (1,436), Area E (1,593), Area F (1,083), Area G (7,951), Area H (1,145), Area I (1,429), Area J (3,909), Area K (4,479), Total (30,187).

Exactly half (50%) of those attending a HAF club were eligible for FSM in the past six years (EverFSM6). This was the case for most areas, with the exceptions of Area E (79%) and Area H (67%), which as well as having the highest share of those eligible for FSM, have the highest shares of those eligible for FSM in the past six years.

The following table shows the data for each local authority for primary and secondary children separately. This takes into account that primary school children may be less

likely to meet the Ever6FSM criteria as they have not necessarily accumulated six years of schooling in which they may have received FSM eligibility.

**Table 11: EverFSM6 by provider area and school type**

<b>LA</b>	<b>Primary</b>	<b>Secondary</b>
Area A	46%	51%
Area B	49%	58%
Area C	46%	69%
Area D	49%	32%
Area E	78%	89%
Area F	45%	70%
Area G	45%	57%
Area H	66%	68%
Area I	42%	58%
Area J	42%	59%
Area K	44%	58%
<b>Total</b>	<b>48%</b>	<b>58%</b>

Source: NPD and provider MI

Base: NPD matched individuals eligible for FSM in the past six years. Area A (1,543 primary, 1,357 secondary), Area B (1,705, 463), Area C (1,813, 281), Area D (1,249, 187), Area E (1,404, 189), Area F (984, 99), Area G (6,164, 1,787), Area H (920, 225), Area I (1,149, 280), Area J (3,313, 596), Area K (3,730, 749). Total (23,974, 6,213)

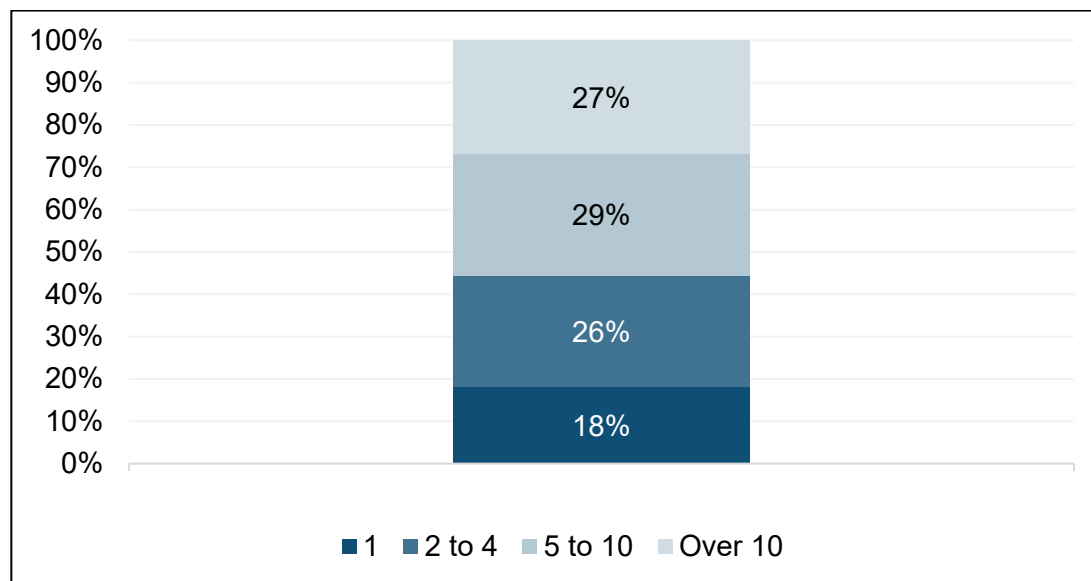
At a total level, 48% of primary school aged attendees with matched NPD data had been eligible for FSM in the past six years compared to 58% of secondary school aged attendees. This pattern, which is generally to be expected given the criteria noted earlier, was seen for most individual areas. The main exceptions were Area D (49% primary compared to 32% secondary), Area H (66%, 68%) Area A (46%, 51%). Differences may be due to the demographic composition of the areas for specific projects, particularly if there were a small number of projects accounting for secondary school participants.

Overall, attendance of those eligible for FSM in the past six years is fairly equally split by gender, at 48% female and 52% male. This same pattern is seen at the area level, with the most notable difference being in Area H, where 41% of those eligible for FSM in the past six years are female and 59% male.

### Attendance (FSM)

The following figure shows the number of sessions attended by children eligible for FSM.

**Figure 3: Number of sessions attended by those eligible for FSM**



Source: NPD and provider MI

Base: NPD matched individuals eligible for FSM in 2019 (12,326).

Over half (56%) of attendees eligible for FSM attended five or more sessions, while over a quarter (27%) attended ten or more sessions. Just over a quarter (26%) attended two to four, with 18% attending only one session. These proportions may be slightly inflated due to returns from Area E (see following table) not including any respondents who only attended one session. This latter figure compares to 29% of all participants attending only one session in the 2018 programme<sup>17</sup>.

The proportion of those eligible for FSM attending ten or more sessions was notably higher among primary school children (29%) than for secondary school children (23%). Secondary school children were more likely to attend just one session (23%) than primary school children (16%).

The following table shows how attendance of those eligible for FSM varied by area.

**Table 12: Number of sessions attended by area (FSM)**

<b>Area</b>	<b>Attendees eligible for FSM</b>	<b>1 session</b>	<b>2 to 4 sessions</b>	<b>5 to 10 sessions</b>	<b>Over 10 sessions</b>
Area A	990	20%	27%	23%	31%
Area B	884	14%	34%	35%	17%
Area C	895	23%	34%	21%	22%
Area D	635	4%	9%	16%	71%
Area E	1,214	0%	3%	25%	73%
Area F	421	11%	30%	39%	20%
Area G	2,867	20%	22%	30%	28%
Area H	698	11%	28%	39%	21%
Area I	537	38%	34%	28%	1%
Area J	1,359	15%	33%	40%	12%
Area K	1,826	29%	35%	25%	11%
<b>Total</b>	<b>12,326</b>	<b>18%</b>	<b>26%</b>	<b>29%</b>	<b>27%</b>

Source: NPD and provider MI

Base: NPD matched individuals eligible for FSM in 2019.

The vast majority of areas saw more than half of attendees eligible for FSM attend five or more sessions. The exceptions are Areas C (43%), I (29%) and K (36%). Along with having the highest proportion of attendees eligible for FSM (76%), Area E also had the highest proportion of attendees eligible for FSM attending more than ten sessions, at 73%. However, results for this area should be treated with caution due to the lack of respondents recorded as attending no sessions at all.

### **Attendance (EverFSM6)**

The number of holiday club sessions that children eligible for FSM in the last six years attended is the same as that for attendees eligible for FSM. Over half (56%) attended five or more sessions and over a quarter (27%) attended ten or more sessions.

As with those eligible for FSM, the proportion of those eligible for FSM in the last six years attending more than ten sessions was significantly higher among primary school children (28%) than for secondary school children (23%), while secondary school children were significantly more likely to attend just one session (23%) than primary school children (16%).

The following table shows attendance of those eligible for FSM (last six years) by area.

**Table 13: Number of sessions attended by provider area (EverFSM6)**

Area	Attendees EverFSM6	1 session	2 to 4 sessions	5 to 10 sessions	Over 10 sessions
Area A	1,407	22%	30%	22%	26%
Area B	1,111	14%	33%	35%	18%
Area C	1,020	24%	33%	21%	22%
Area D	673	4%	9%	17%	70%
Area E	1,260	0%	3%	24%	73%
Area F	512	11%	30%	40%	20%
Area G	3,803	19%	21%	31%	30%
Area H	762	13%	30%	38%	20%
Area I	641	41%	32%	25%	1%
Area J	1,743	16%	34%	40%	11%
Area K	2,067	30%	35%	24%	11%
<b>Total</b>	<b>14,999</b>	<b>18%</b>	<b>26%</b>	<b>29%</b>	<b>27%</b>

Source: NPD and provider MI

Base: NPD matched individuals eligible for FSM in the last six years (14,999).

As with attendees eligible for FSM, most areas saw more than half of attendees eligible for FSM in the last six years attend five or more sessions. The exceptions are areas A (49%), C (43%), I (26%) and K (36%). Along with having the highest proportion of attendees eligible for FSM in the last six years (80%), Area E also had the highest proportion eligible for FSM in the last six years attending more than ten sessions, at 73%.



## Analysis of HAF attendees by ethnicity

The following table shows the percentage of children attending a HAF club by area and ethnicity, with comparative data at a local authority level.

**Table 14: Club attendance by ethnicity (white)**

	NPD matched data		LA level data (state funded schools) <sup>18</sup>	
	Primary	Secondary	Primary	Secondary
Area	% white	% white	% white	% white
Area A	23%	10%	38%	35%
Area B	58%	53%	71%	72%
Area C	95%	94%	94%	95%
Area D	83%	86%	85%	85%
Area E	92%	86%	93%	94%
Area F	86%	82%	91%	90%
Area G	27%	25%	36%	31%
Area H	88%	86%	90%	92%
Area I	91%	92%	90%	92%
Area J	48%	50%	49%	45%
Area K	76%	75%	71%	76%
<b>Total</b>	<b>59%</b>	<b>45%</b>		

Source: NPD, provider MI, and Schools Pupils and their Characteristics.

Base: All NPD matched individuals excluding records with no ethnicity information. Area A (2,889), Area B (2,143), Area C (2,080), Area D (1,432), Area E (1,584), Area F (1,073), Area G (7,887), Area H (1,142), Area I (1,420), Area J (3,880), Area K (4,454), Total (29,984).

Overall, just over half of attendees were white (56%), with there being a higher proportion of white attendees among primary school (59%) than secondary school age (45%) attendees. At an area level, there is considerable variation in ethnicity, varying from 10%

of secondary school attendees being white in Area A to 94% in Area C. In part, these variations reflect the differences in the ethnic makeup of primary and secondary school children resident in each LA. However, Areas A, B and G included a notably lower proportion of those of white ethnicity than are resident in their respective LA's, and hence a relatively higher proportion of those who were not in this category.

## Analysis of HAF attendees by SEN status

The following table shows the percentage of children with Special Educational Needs (SEN) status attending a HAF club by provider area.

**Table 15: Club attendance by Special Education Needs**

	NPD matched data	LA level data
Area	SEN (%)	SEN (%)
Area A	19%	15%
Area B	25%	15%
Area C	21%	16%
Area D	37%	14%
Area E	29%	17%
Area F	20%	15%
Area G	22%	17%
Area H	26%	13%
Area I	25%	14%
Area J	23%	17%
Area K	20%	16%
<b>Total</b>	<b>23%</b>	

Source: NPD, provider MI, Special educational needs in England.

Base: All NPD matched individuals. Area A (2,900), Area B (2,168), Area C (2,094), Area D (1,436), Area E (1,593), Area F (1,083), Area G (7,951), Area H (1,145), Area I (1,429), Area J (3,909), Area K (4,479), Total (30,187).

Overall, 23% of attendees with NPD linked data were classified as SEN. Apart from Area D, where 37% of attendees were classed as SEN, proportions ranged from 19% in Area A to 29% in Area E. All areas attracted a higher percentage of attendees classified as SEN than there are school pupils classified as SEN in their respective LAs.

### Analysis of HAF attendees by in care and CiN status

The percentage of children identified as Children in Need (CiN) or Children Looked After (CLA) is shown in the following table:

**Table 16: Club attendance by CiN and CLA**

	NPD matched data		LA level data	
Area	CiN (%)	CLA (%)	CiN (%)	CLA (%)
Area A	6%	2%	5%	1%
Area B	4%	1%	3%	1%
Area C	4%	1%	3%	1%
Area D	10%	1%	2%	0%
Area E	8%	2%	3%	1%
Area F	5%	2%	4%	1%
Area G	4%	1%	3%	1%
Area H	11%	3%	2%	1%
Area I	7%	1%	3%	1%
Area J	4%	1%	4%	1%
Area K	5%	1%	5%	1%
<b>Total</b>	<b>5%</b>	<b>1%</b>		

Source: NPD, provider MI, Children looked after in England including adoption, Characteristics of children in need.

Base: All NPD matched individuals. Area A (2,900), Area B (2,168), Area C (2,094), Area D (1,436), Area E (1,593), Area F (1,083), Area G (7,951), Area H (1,145), Area I (1,429), Area J (3,909), Area K (4,479), total (30,187).

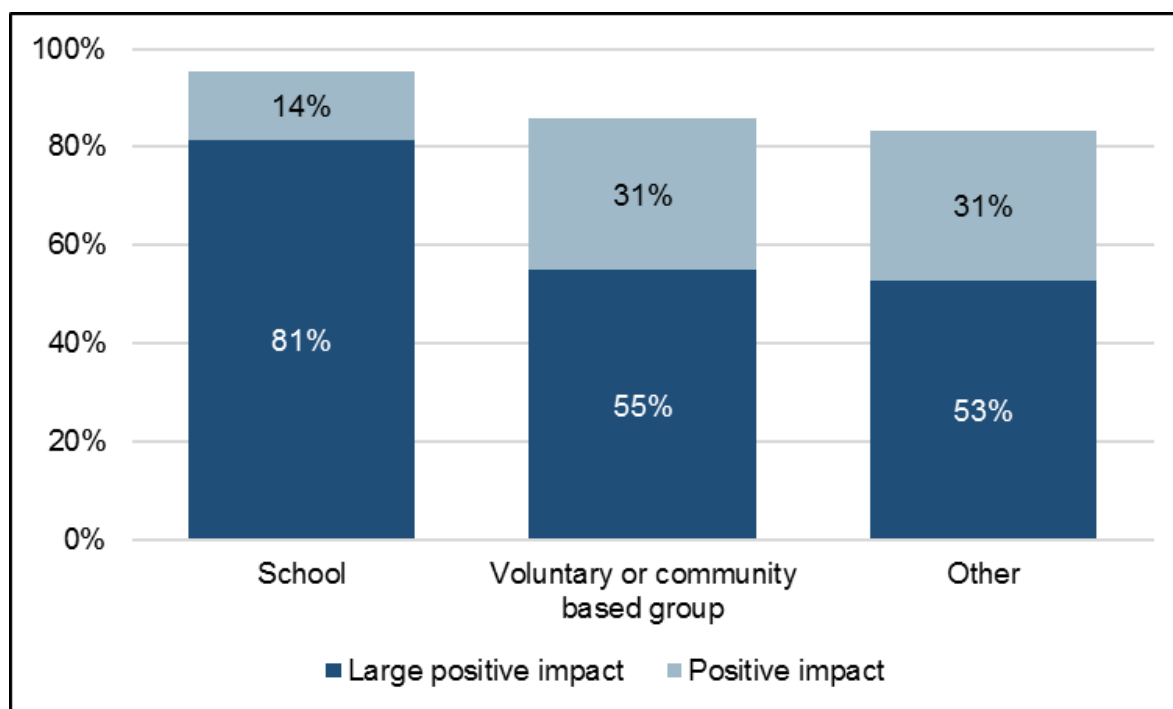
Only 1% of the matched attendees are identified as CLA, while 5% are identified as CiN. These proportions are similar in all areas and reflect the low proportions of CLA and CiN in each LA's population. Areas D and H did particularly well at recruiting attendees identified as CiN, with these individuals accounting for 10% and 11% of their attendees respectively.

## Perceived impact of HAF funding on attendance

Overall, 63% of providers felt that HAF funding had a large positive impact on attendance and 24% thought it had a positive impact on attendance. Just 1% of respondents said HAF had a negative or large negative impact. There was little difference by area, except for Area H where a lower proportion than in other areas felt that HAF had a large positive (34%) or positive (28%) impact on the number of young people attending. This may be due to the relatively large proportion of existing clubs in this area.

The following figure shows the proportion of each type of provider who felt HAF funding had a large positive or positive impact on the number of young people attending.

**Figure 4: Perceived impact on the number of young people attending**



Source: HAF Provider post survey

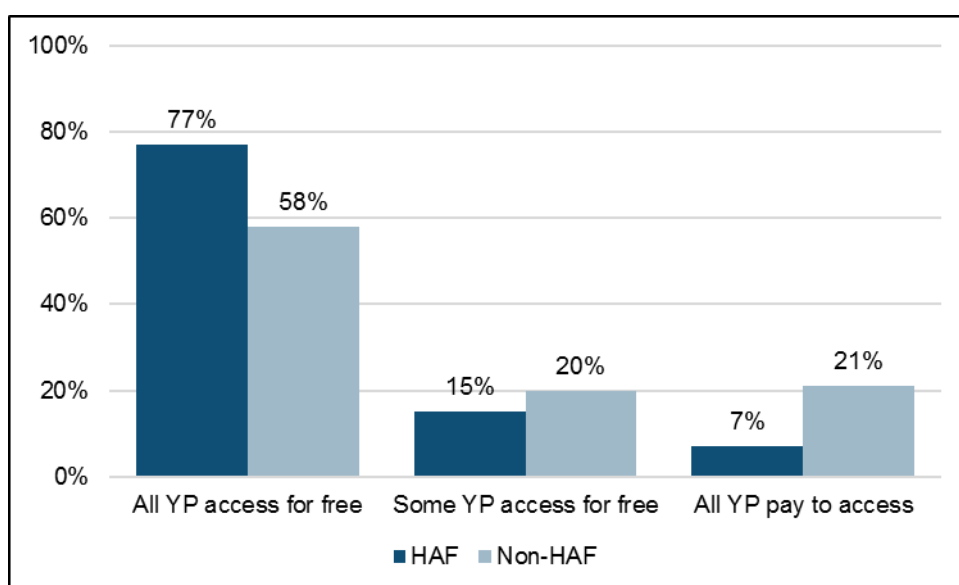
Base: School (43), Voluntary group (71), Other (36)

Schools were the most likely to say that HAF funding had a large positive impact (81%) or a positive impact (14%) on attendance, potentially linked to 49% being new providers.

## Cost of provision

Providers in HAF and non-HAF areas were asked whether young people attended clubs for free. As noted, providers were required to deliver free provision for FSM-eligible young people as part of their HAF funding, with non-HAF areas not necessarily having this requirement (although similar requirements may have been made by other funders). Providers could provide places to both HAF and non-HAF attendees and coordinators were able to purchase places for children at privately run provision. Responses are shown in the figure below.

**Figure 5: Providers offering free provision, in HAF and non-HAF areas**



Source: HAF pre and post surveys and non-HAF Provider post surveys

Base: HAF (517), non-HAF (137)

Just over three-quarters of HAF providers (77%) offered free provision to all young people, compared to 58% of non-HAF provider surveyed. A further 15% of HAF and 20% of non-HAF clubs had some free and some paid-for places, and 7% of HAF compared to 21% of non-HAF providers charged all children to participate. The 7% stating they charged everyone should be treated with caution as it may be that FSM-eligible respondents were such a small proportion of provision that they did not take them into account in their response or that they misunderstood the question.

VCsOs were most likely to offer free provision to all (80%) or some (15%) young people. Private organisations were least likely to offer free access to everyone (40%) and most likely to charge some (40%) or all young people (20%). Around half of the 7% stating they charged a fee for everyone were private providers.

The following table shows the daily fees charged among providers where some or all young people paid for provision.

**Table 17: Daily fees to participate in HAF clubs**

<b>Fees per child per day</b>	
£0.01 - £5.99	17%
£6.00 - £11.99	13%
£12.00 - £23.99	36%
£24+	34%

Source: HAF post provider survey

Base: Respondents charging some or all young people (121)

Among HAF providers that charged to attend, the amount charged ranged considerably, with 17% of providers charging less than £6, around half charging between £6 and £24 and 34% charging more than £24 per child per day.

## **Attendance: parents/carers and families**

Just under a fifth (18%) of children responding to the aged 12 and over survey reported that their parents or carers took part in the activities in the holiday club. This was largely due to the high proportion in Area I and F where around half of all children reported parent/carer attendance. The high proportion in Area I may have been partly due to it being largely school-based provision. In Area J the coordinator suggested that the strengths of VCSOs meant that 'they definitely engaged kids and families more, but they were running activities that included all the family'.

## **Parental/carer engagement models**

There was a range of models for parental/carer attendance across providers:

- providers that required an adult to accompany the child and stay all day, most frequent where provision was focused on younger children
- providers who allowed parents to attend if they wanted
- providers who took direct approaches to parental engagement, for instance trying to engage them to support ad hoc activities, trips or an 'end of summer' event

- providers not allowing parents to attend, mainly where there were concerns around safeguarding (this was a more minor theme)

Parental involvement did not necessarily require adults spending considerable amount of time at the club. In certain settings, approaches were implemented to encourage parental attendance and set expectations that this should take place if possible. Engagement in individual sessions could then potentially be leveraged into longer engagement, as outlined in the following case study.

## **Case Study 2: Engaging parents promising practice**

A key theme was providers developing specific approaches to engage parents in activities, particularly in connection with eating activities. In one holiday club parents were involved in activities where

[they] were invited for the first 15 minutes to support their children, to make their lunches [for the parents and the children] which is then eaten later on [...] Parent packs [were provided] for every child that came on to the programme. Within those parent packs, there's information around how they could eat healthily at home, how they could be more physically active at home, as well as some other [...] promotional information from the County Council, so those went out to all of the children and young people involved in the programme. – *Coordinator, Area D*

Parents simply attended 15 minutes each morning, during which they accessed valuable information on health and nutrition, received a free lunch and potentially cooked together with their child in a communal setting.

Staff welcomed the opportunity for parents and carers to be involved as volunteers or to attend as participants, particularly where this enabled key messages to be delivered across a family. For example, a staff member in Area G used this approach to provide information on access to healthcare. The role of parental volunteers varied across providers: some parents helped specifically with classes, while others were trained to take on a general staffing role.

## **Reasons for parental/carers involvement**

Parent involvement was reported to have been positive by both parents and children. One father said that he had spent more time with his daughter and attending as a family had been 'an important part of [his] child's life'. Parents who were volunteering reflected similarly on their experience at clubs:

I've got [a daughter] and she's nine [...], but she's got ADHD and autism so it basically helps her to interact with children, but I stay with her because I've been volunteering and I do think it's really, really good, I have my two boys as well and they're seven and eight. –

*Parent, Area D*

A key factor in this family approach was that parents were able to have fun with their children in a positive environment and engage with them in a different or new way. Other motivating factors included meeting other parents in a similar situation. Parents or carers did not mention educational messages or personal outcomes as much as having fun and engaging with their children, although staff felt that education could be further facilitated by a mixture of direct (for example, family sessions) or indirect approaches (for example, linking parents to food banks or community hubs).

## **Barriers and enablers to attendance**

The coordinator role in arranging provision and logistics was highlighted as an important enabler of attendance for young people and their families. A project lead mentioned that having the support of the local coordinator allowed for more children to be targeted:

I think having, as we mentioned before, the local coordinator for us was key. They managed to do lots of work behind the scenes in terms of pinpointing where the provision was required, what's already in existence and how best to move forward with the additional provision. – *Project Lead, Area E*

Providers, parents and children mentioned the fact clubs were free (including food provided) as a reason for participation. HAF providers felt one of the main factors encouraging attendance was provision being run from familiar, nearby places, such as community centres that children already attended throughout the year.

Having a sufficiently large venue was felt to be a factor in enabling attendance, with this often requiring additional planning by providers and potential coordinator support. Careful planning was particularly important where provision was new and attendance more uncertain than in established provision. A relatively minor theme was that a lack of adequate shelter could be a barrier to attendance if there was bad weather.

Maintaining the positive level of trust in staff was important, particularly for children with SEND status. Staff training helped with this:

If he has got a secure staff team, I think just those refreshers in regards to those legislative frameworks, so safeguarding, first aid [...].



So even if it's a team that comes in and gives that support. Also training in talking to parents because some people don't have that confidence. I think all those types of things, having a training package for staff, it might empower people to come more through this sort of approach. – *Staff Member, Area A*

Existing providers of well-established brands known in the local area had higher levels of trust among potential attendees. This was particularly the case where a provider could work positively in the community and offered something different, potentially leveraging HAF elements.

Engaging parents in signing children up to the clubs and accompanying them was a challenge for certain providers. A small number of providers required parents to participate alongside their children, which was particularly challenging. In these cases, the short set-up period meant that some parents were unable to commit to attending, and therefore children that could have benefitted were not able to attend. Additionally, the requirements from some providers for parents to commit in advance to their children attending for several weeks or to attend sessions in block periods excluded those who were unable to make that commitment.

One of the main barriers was transport, especially in rural areas, where the distance to clubs may have been further, and public transport less reliable, less frequent and more costly. This included difficulties transporting children that use wheelchairs.

Finally, there were potential barriers relating to FSM status. Charging children not in receipt of FSM created a financial obstacle for families who may not have been entitled to FSM but might still have been struggling financially. Furthermore, some children did not attend as they were concerned that their friends or siblings would not be eligible. Many providers that were solely targeting children in receipt of FSM were concerned that the approach might be divisive and result in limited uptake.

Another barrier was the potential for stigmatisation. Providers felt some parents or carers may be embarrassed to send their children, particularly if they believed that either they or their children may feel singled out. Such worries were much less pronounced where many of the parents/carers attending were in a similar position and could support each other rather than feel like they were being judged.

Parents/carers working long hours stated that they needed provision to be longer than four hours. The children of working parents were further dissuaded from attending clubs that required parents to attend the sessions with their child, as they were not able to find the time away from work to do this.

# Quality standards delivery

## Key findings

### Training and support

- Coordinators provided a range of training and support, which was welcomed by providers. Coordinators also linked up providers with other providers or suppliers to ensure that quality standards could be met, and diverse provision embedded
- Support and training were largely provided centrally by coordinators
- Considerable support was provided for some, generally new, providers. This included legal advice and developing documents on organisational procedures

### Quality standards

- While healthy meals and physical activities were delivered widely, enriching activities and, particularly, nutritional education were implemented less frequently
- HAF funding was perceived by providers to have had a considerable impact on meeting the quality standards, around half saying it had a large positive impact and a third saying it had a generally positive impact
- HAF providers were more likely than non-HAF providers to offer healthy meals, though there was less of a difference in the proportion offering physical activities
- Around two-thirds of HAF providers prepared food in-house with a quarter using an external supplier, generally where cooking facilities were not available. There was a mix of hot and cold meals, consistently meeting school food guidelines. Young people and providers reported that young people generally enjoyed their food
- External suppliers were often used to provide food. This was either arranged by the coordinator (using an official partner, most often to provide surplus food) or at a local level to deliver food to a small number of providers
- Using external suppliers was generally welcomed by staff, albeit with occasional logistical or pricing issues
- A variety of approaches were taken to nutritional education, with this appearing most successful where an experiential learning approach took place involving young people learning while cooking. This approach also avoided any possible discontinuity between the nutritional education, quality and variety of food

- Many providers relied on an informal approach to nutritional education, resulting in limited structured discussions, potentially linked to the relatively low proportion of children (just under half) agreeing that they learned about food

## Overall approach

### Plans to deliver and monitor

In the application phase, all 11 areas stated that they would deliver the quality standards. Eight areas listed how they would ensure the standards, mostly through partnerships with organisations who had relevant qualifications and track record. Many coordinators had 'minimum standards checklists' or conducted visits to monitor quality. Before clubs started delivery, coordinators felt that implementing the quality standards would be more challenging for new clubs, those that had not provided food before and for small, volunteer-run organisations:

Some of [the clubs] are really well set up. They know what they're doing. The funding helps them to do more of that over the summer holidays and expand what they were doing. Others are new organisations just finding their feet. They're very much at the start of that process. – *HAF Coordinator, Area B*

### Coordinator management approaches

Some coordinators managed providers centrally, for example one which booked some activities for all their providers through the council:

Some of the projects that hadn't been as involved in this sort of activity previously, particularly the schools who provided a facility rather than providing activities, we could say to those venues that they could sort of pick from the activities that we'd booked centrally and that would help support the activities that they could offer to the children who they were working with. – *HAF Coordinator, Area F*

In one area where provision was run by a LA, the coordinator used their existing links and expertise in physical activity to provide specialist sports coaches. A different approach was to allow providers to arrange activities themselves, with varying guidance from coordinators on which activities to provide and how to structure them. Some coordinators were hands-off, while one gave providers a 'suppliers list' of local activities, containing contact details and costs. One coordinator (Area I) provided clear guidelines

and set expectations on scheduling activities, so that all providers would be running the same activities at the same time and staff could be trained in skills as required.

## Support

Coordinators supported providers to understand quality standards and offered training and guidance to help them meet those standards, particularly for new providers or those who were adding new elements to their provision. This included help to develop policies and procedures, given that this could be a challenge due to the short set-up time and the extent of support required:

Doing all the due diligence on managing the financial element of the funding, so people do have the right insurance in place, all the policies and procedures that are required in place has been a mammoth sized job. – *HAF Coordinator, Area G*

One coordinator in Area A ran a programme of 'improvement workshops' with attendance being a condition of the grant for providers. The workshops aimed to increase staff confidence and knowledge around the quality standards.

Providers and coordinators were in regular contact by email, telephone and quality assurance visits. Nearly two-thirds of providers (63%) said they were very satisfied with the support received from the coordinator and a further 22% were fairly satisfied. They felt coordinators were supportive and provided prompt and clear responses to queries. Some coordinators felt it would have been helpful to have received standard information packs from DfE around quality standards, to help them provide better support to providers. In total, 1% of providers were fairly dissatisfied, with the remaining 6% of providers stating they did not receive any support. On the limited occasions where there was any dissatisfaction, qualitative feedback suggested that it may have been due to poor or rushed communication or confusion about requirements.

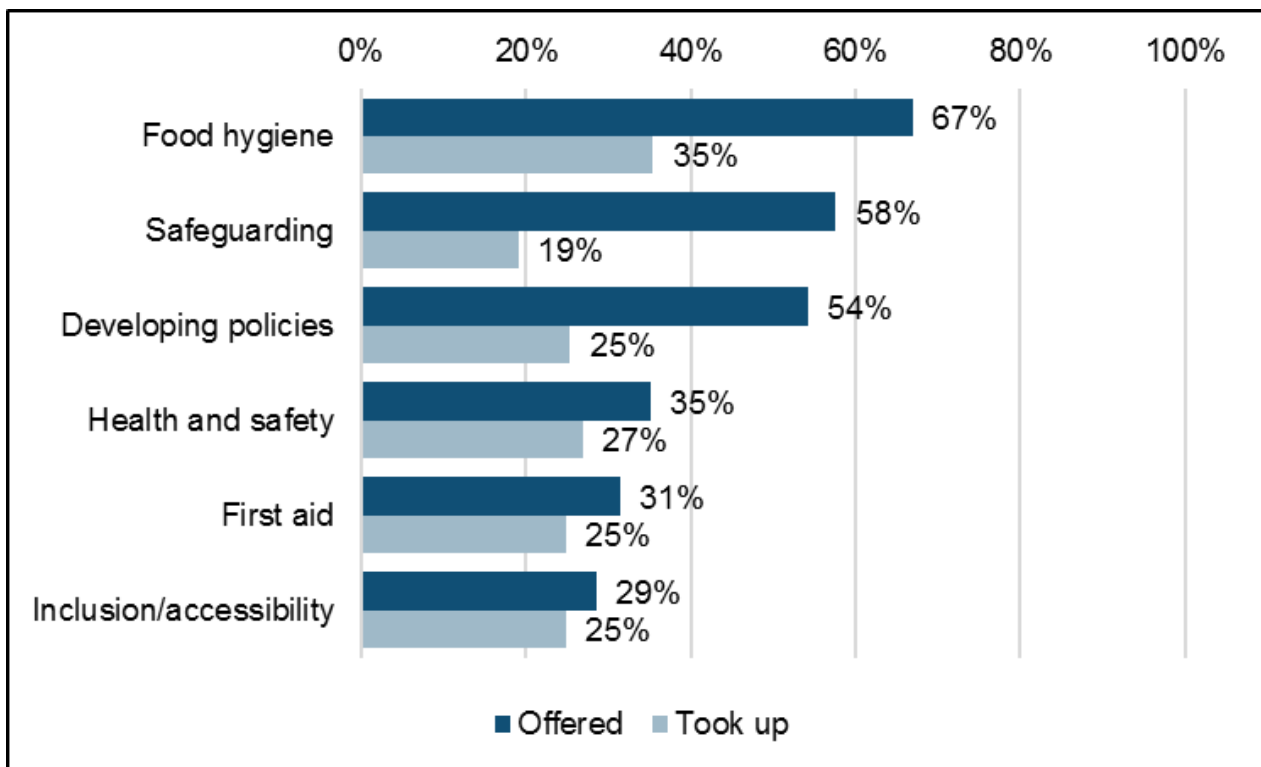
## Training

As part of the support from coordinators, providers were offered training or guidance across a range of topics, including food hygiene, safeguarding, developing policies and procedures, health and safety, first aid and inclusion/accessibility. Training was generally offered centrally rather than being delivered to providers individually.

When providers did not take up training this was usually because they were experienced providers that regularly delivered activities for young people and had already received similar training. On occasion, providers also did not take up training for logistical reasons, most notably when it was offered during working hours, requiring providers to be selective as to which sessions they could attend.

The following figure shows the proportion of providers who stated they were offered and took up training and/or guidance.

**Figure 6: Providers offered and taking up training and/or guidance**



Source: HAF Provider pre and post surveys

Base: Food hygiene (250, 220), Health and safety (251, 160), First aid (251, 157), Food hygiene (251, 226), Inclusion/accessibility (249, 161), Developing policies (245, 205)

Two-thirds of providers were offered training in food hygiene (67%), and more than half were offered training in safeguarding (58%) and developing policies (54%). Around a third (35%) of all providers took up the offer of food hygiene training, and one-quarter received training in health and safety (27%), inclusion/accessibility (25%), first aid (25%), and developing policies (25%). Providers, in particular those that were new, generally felt the training provided them with the skills, policies and procedures to deliver the quality standards. They were felt to ensure consistent delivery within each area, and allowed coordinators to target providers who needed the most support.

Among those who received training or guidance, two-thirds (63%) found it very useful and one-quarter (26%) found it fairly useful. In addition, around a fifth (19%) of providers felt that HAF funding specifically had a large positive impact on the training they provided to staff, with about a quarter (27%) saying it had a positive impact. Most of the remainder said it had made no difference (36%) or did not know (16%).

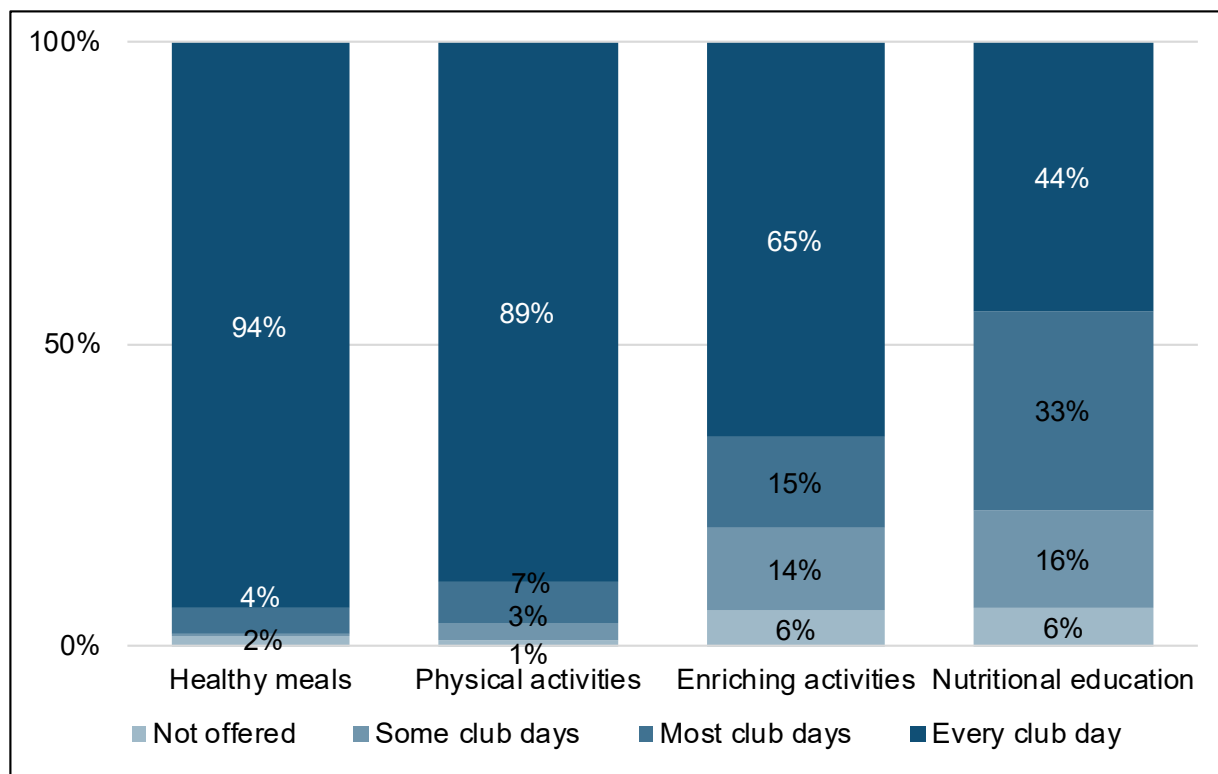
## Meeting quality standards

All providers taking part in the HAF post-provider survey were asked how often they offered the quality standards. Enriching activities were defined in the grant invitation to tender as ‘fun and enriching activities’ to develop or consolidate ‘skills and knowledge’<sup>19</sup>. It is therefore possible that the delivery of enriching activities was understated in the survey due to:

- the overlap in enriching activities and physical activities or nutritional education
- providers taking informal approaches to enriching activities

Responses from all those taking part in the provider post-survey are shown in the following figure.

**Figure 7: Activities in place**



Source: HAF Provider post survey

Base: Total sample (254)

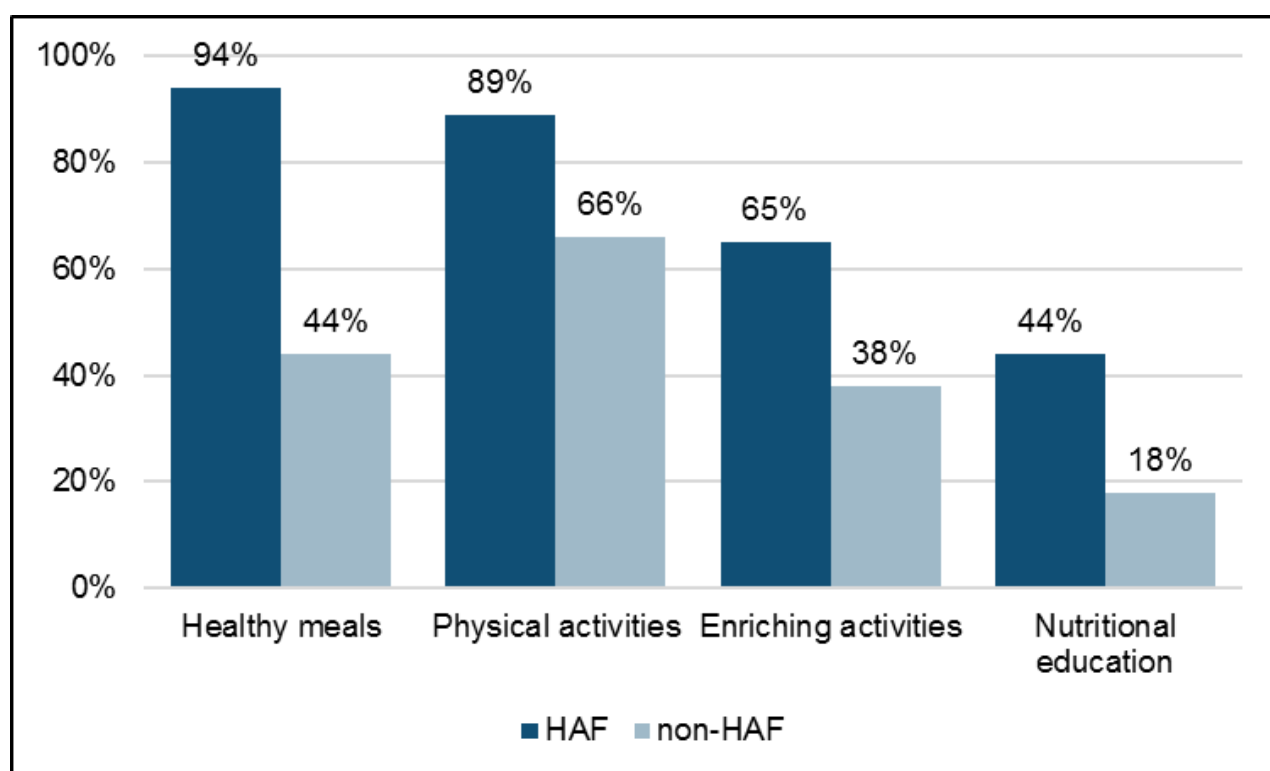
Most providers delivered healthy meals (94%) and physical activities<sup>20</sup> (89%) every club day. Around two-thirds (63%) offered enriching activities every club day, and under half (44%) offered nutritional education. A small proportion were not delivering enriching activities and nutritional education at all (both 6%).

Several differences were apparent across provider types:

- schools were most likely to meet the quality standards, with 100% offering healthy meals every day, 97% providing physical activities daily, 81% offering enriching activities and 64% offering nutritional education every club day
- VCSOs were least likely to provide healthy meals (91%), physical activities (85%) and enriching activities (52%) every day
- private organisations were least likely to provide nutritional education daily, with just over one in three (36%) doing so

The following figure shows the proportion of HAF providers who reported offering activities every day compared to providers in non-HAF areas.

**Figure 8: Activities offered every day in HAF and non-HAF areas**



Source: HAF and non-HAF post provider surveys

Base: HAF (256), non-HAF (165-172)

There was a considerable difference in the extent to which HAF and non-HAF providers offered the quality standards each club day, particularly for healthy food (94% for HAF compared to 44% for non-HAF), and nutritional education (44% compared to 18%). Offering enriching activities was more prevalent in HAF areas (65% compared to 38% in non-HAF areas), with 89% of HAF providers delivering physical activities every day (66% for those in non-HAF areas).

The children's survey, conducted across HAF areas at a mid-point in provision, found children reported participating in a variety of activities. This is outlined in the table below, showing data separately for those responding to the 8-11 and 12+ versions of the study:

**Table 18: Activities taken part in at holiday club**

	<b>Total</b>	<b>8-11 version</b>	<b>12+ version</b>
Outdoor sport or physical activity	78%	78%	78%
Indoor sport or physical activity	72%	72%	70%
Arts and crafts	68%	69%	63%
Games (quizzes, board games etc.) that aren't physical activity	57%	59%	51%
Learning about food	43%	44%	40%
Cooking	41%	42%	38%
Trips out	36%	36%	35%

Source: Children survey

Base: All respondents (1,131), 8-11 version (862), 12+ version (269)

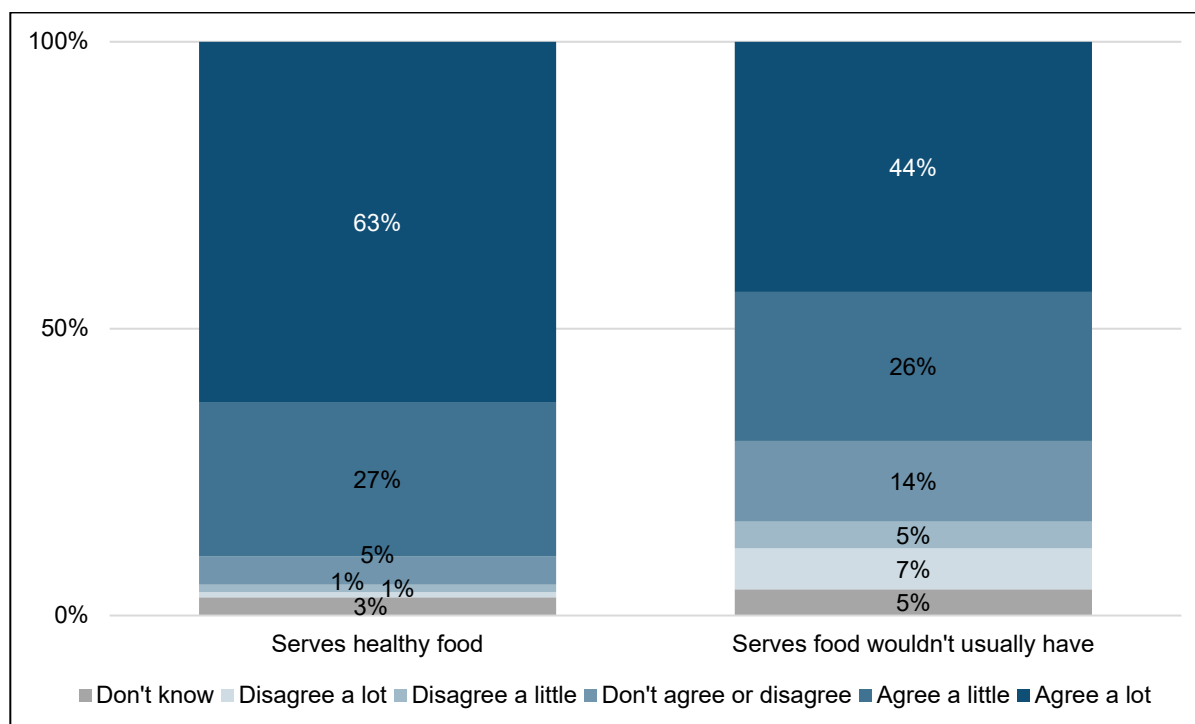
Data from children largely matched the information given by providers. Large proportions stated that they took part in physical activities: 78% outdoors and 72% in indoors. Around two thirds (68%) took part in arts and crafts, with slightly over half (57%) playing games. Around a third to a half had learnt about food (43%), cooked (41%) or gone on trips out (36%). There were no clear differences by age of respondent.

Children and parents at certain clubs suggested that there could be a greater variety of activities, including more outdoor activities. Trips were a particularly common suggestion, with these sometimes not happening as often as participants would like (potentially for cost and logistical reasons). Requests for a greater diversity of food was an additional theme.

All children were asked the extent that they agreed or disagreed that the holiday club they were attending served healthy food and food they wouldn't usually have:



**Figure 9: Food offered**



Source: Children survey

Base: All respondents (1,095; 1,094)

Around two-thirds of young people (63%) agreed a lot that the provider served healthy food, with most of the rest (27%) agreeing a little. This was higher than the proportion agreeing it served food they wouldn't usually have (44% and 26% respectively). There was no difference in response levels according to the frequency with which children attended the club, either at primary or secondary level, suggesting that healthy food and a range of food were in place regularly.

## Impact of HAF funding on type of activities

Providers were asked what impact HAF funding as opposed to any other funding had on the types of activities they offered. Around half of all providers (53%) stated it had a large positive impact and a third (31%) that it had a positive impact. Only 1% felt that it had a negative or large negative impact. This was the case across all areas except one where there was particularly low endorsement, with this potentially being due to the high proportion of existing providers in this area as these were less likely than new providers to report change in activity provision as a direct result of HAF.

Interviews with HAF coordinators and providers suggest that HAF funding had a particular impact on food and nutritional education. As seen earlier, HAF providers were particularly more likely to implement these activities than non-HAF counterparts.

## Physical activities

### Overall approach

Most areas had similar approaches to implementing physical activity sessions across providers. Coordinators played an important role, using their expertise and knowledge of relevant organisations to link providers to other providers or suppliers and ensure increased diversity of provision.

Providers often aimed to offer a variety of physical activities, tailored to children's different interests as well as to a range of ages

We always deliver an hour of... physical activity whether that be physical activity that we deliver ourselves internally, or whether that's a physical activity that is more specialised like the fencing... With the young people it's more multi-skills than actually structured games whereas with the older ones, they're just more competition based because that's really what engages them to take part. – *HAF Provider, Area E*

Physical activities included sports such as basketball, cricket, archery, football, rounders, swimming, boxing, yoga and gymnastics, as well as trampolines, circus skills, bouncy castles, dancing, going for walks, running and completing the daily mile. One theme was certain HAF providers feeling it was important to engage children in co-design and developing a diverse range of activities:

Children and young people absolutely have to be engaged in the co-designing of what they're doing, but that doesn't mean it's sort of free play. Pupils were turning up for a structured activity session that included physical activity, and that could be dance, that could be walking on a trip for example, it could be all sort of things, it doesn't necessarily need to be football. – *HAF Coordinator, Area K*

### Approach to delivery

There was considerable variety in the format and content of physical activity sessions. Some providers divided the session into short activity slots, so young people would try different activities during each session, while other delivered a single longer activity during each session. Certain providers offered different activities at the same time, to cater to different age groups and interests. In some cases, providers brought in external organisations to deliver some or all of their physical activity sessions:

You may have organisations, whether that's the community hub, or community groups where they feel safer doing stuff indoors. It might

be more reading or creative activities, but an opportunity to match that up with local providers who were providing outdoor activity, or sport and physical activity, so that they would be able to provide a broader provision of activities available, whether it was to children or to families. I think is a really valuable part of the delivery this year. – *HAF Coordinator, Area B*

## **Barriers and issues**

Responses from the HAF provider survey highlighted issues among a small proportion of providers in implementing or encouraging take up of physical activities. These included finding the resources to buy sport equipment and encouraging full participation. Some providers reported that boys seemed more interested than girls, and that less confident children and those who were relatively physically inactive were hesitant to participate. Providers also mentioned young people wearing unsuitable clothes as a barrier. To encourage participation, physical activities were sometimes made to look more like play, involving sessions featuring bouncy castles, climbing ropes and circus skills. Other approaches included creating a positive atmosphere and positive group dynamics:

Some of them have been reluctant, but if you have a group of ten random kids and you say, 'Right, we're going to do this,' not all of them are going to say yes are they? What's happened a lot of the time is once we've started it and they've realised that maybe they're the only one sat out not doing it because it's boring, as they call it, and they'll soon join in. – *HAF Provider, Area D*

A theme was that providers would have liked more support from coordinators bringing in external providers or resources to deliver sport activities where this was not happening and they had issues providing these sessions internally.

## **Meeting of standards**

Most providers reported that they met the physical activity standards, with almost nine in ten (89%) saying in the post survey that they offered physical activities daily. This was broadly matched by the children's survey, in which 78% of children said they took part in physical activities outdoors and 72% indoors.

Quality standards checklists were completed during case study visits at six sites, providing examples of activities and approaches to delivery. Activities ranged from free play with objects such as ropes, tyres and boxes, to running and jumping games such as 'duck, duck, goose' and tag rugby, to sports (e.g. basketball, boxing and badminton), to activities like hip-hop and contemporary dance culminating in a show for parents. Some

providers brought in external organisations, such as dance teachers or sports coaches, while others delivered all physical activities in house.

One theme from visits and provider interviews was the challenge to deliver physical activities indoors when adverse weather conditions meant planned outdoor activities could not take place.

### Change in quality level

HAF areas were more likely than non-HAF areas to report providing at least one hour of physical activities every day (89% compared to 66%). While in qualitative interviews several providers felt there was no substantial change compared with previous provision, this was largely because they had already been providing physical activities consistently. In general, coordinators reflected on increased levels across their areas, and, in one instance, how this may lead to longer-term change.

I think compared to last year, there's probably more physical activity this year across the... providers. I think getting people physically active, [...] people want to be part of it, I think it started creating a bit of a movement for the city. – *HAF Coordinator, Area G*

## Enriching activities

### Overall approach

Around two-thirds (65%) of providers reported they offered enriching activities<sup>21</sup> every club day, with a further 15% saying they offered them most days and 15% some club days. There was considerable variation across areas, ranging from Area E (coordinated by a LA) where all providers reported offering enriching activities each day, to Area F where 40% of providers offered them every day and 30% did not offer them.

As mentioned previously, most children reported taking part in enriching activities. However, interviews with coordinators, providers, children and parents/carers suggested that some felt they had benefitted in various ways from activities they did not immediately consider to be 'enriching'.

### Approach to delivery

Providers delivered a wide range of enriching activities, with considerable local variation. During case study visits at six sites, checklists on quality standards were completed and provide examples of the activities offered. These included:

- skills-based activities. Often taking an arts focus and ranging from painting and drawing, to activities requiring more specialised equipment and skills, such as woodwork, graffiti, mask making or drama/dance, including hosting talent

contests, shows for parents, or puppet theatre shows. These sometimes included specific activities to develop fine motor skills, as requested in the application form

- play activities. These included sensory activities or messy play for younger children and use of games or toys
- outdoors activities, such as gardening and nature walks, often with a direct or indirect link to education
- trips to local sights and attractions, including museums, the cinema, natural attractions such as forests or beaches, historical sites, zoos
- educational visits and talks from local organisations, including the police or firefighters
- entertainment. For example, shows put on by external providers, such as a magic show or dance performance

Observations showed that some providers combined enriching activities with physical activities and nutritional education. One provider developed a quiz in which children had to guess the sugar content of foods pictured, in order to facilitate discussion about healthy food. Another provider based their approach on the free play ethos: children were given unconventional toys and an open space, which pushed them to be imaginative in their play and kept them physically active.

Activities aimed to be enjoyable and educational. One theme was giving children from disadvantaged backgrounds the opportunity to take part in activities that they would not have done otherwise, visiting places that they could otherwise not afford to go to, or take part in new activities that were enjoyable and fun:

The enrichment activities are generally fun activities which the young people probably wouldn't have done before and probably financially out of their reach. So we've had things like bubble football come in, we've had surfers come in, we've had the zoo coming and doing a show and talk. – *HAF Provider, Area E*

Providers hoped that providing these opportunities, particularly to entire families, would encourage them to continue these activities. For example, one provider took families to the local beach and explained how easy it was to get there given that some had not been before despite it being nearby. Young people who enjoyed taking part in arts and crafts or gardening also learned important skills including teamwork. A small number of providers supplemented enjoyable activities with explicitly educational activities:

A lot of them were looking at things like having inspiring speakers in, people that had changed their lives, turned their lives around, mentoring, counselling, therapeutic work. So, I think perhaps, going

forward, they'd need to put together a few more resources around the therapeutic side of things, maybe, around building attachments, particularly around the family programme. – *HAF Coordinator, Area A*

One provider encouraged development and formal self-reflection by having children keep a journal on what had happened at the club, getting them to 'reflect on how the day has been' and 'what made them the happiest' (HAF Provider, Area K).

Staff, parents and children all reported that young people particularly enjoyed taking part in more unstructured activities, where they learnt at their own pace, rather than being given instructions in a directly educational way:

Because in school, it's like, right, we're doing this, right, we're doing that, now we're doing this.' Here, if they want to go and do the activity, they can, if they don't want to then they'll just go and run around and be free, won't they, and do what they want. – *Parent, Area C*

Children took pride in their achievements, for example one young person (Area C) described how they 'built all the stuff and planted everything' in their club garden and how it went from being weed-infested to a proper garden. Parents valued the variety of activities and the opportunities to try new things. Providing a breadth of activities was important where the club did not have a thematic focus:

[Children are] happy [to attend the club]. It gives them an opportunity to try new stuff, like new foods and do new stuff. They always do different activities. It's always different. It's not the same so they won't get bored of it. – *Parent, Area C*

## **Barriers and issues**

Challenges for providers included the cost of activities and trips, that some children were hesitant to get involved, particularly boys resisting taking part in activities like dance and art, and engaging parents.

## **Change in quality level**

HAF areas were more likely than non-HAF areas to provide enriching activities every day, with 65% of HAF providers stating they offered enriching activities daily, compared to 38% of non-HAF providers. Many providers said they delivered the same amount of enriching activities as in previous years, and therefore did not struggle to meet the quality standard.

## Healthy meals

### Overall approach

Coordinators felt that a flexible approach was most suitable for delivering healthy meals, allowing providers to choose between different options based on how ingredients were sourced and the cooking facilities that were available. When used, coordinators felt this flexible approach ensured that local situations were taken into account. Area H had a centralised approach, requiring that all providers cooked hot or cold meals themselves rather than providing pre-prepared food. Feedback in interviews suggested this model did not work for all providers given the lack of suitable facilities at some venues.

### Initial requirements and training/support

Training and support needs for providing healthy meals depended on provider type and approach:

- schools and other public settings (e.g. leisure centres) had experience of delivering food in line with School Food Standards and needed minimal support
- providers who were cooking food but had less or no prior experience needed to be made aware of the School Food Standards and how to deliver them confidently. Support was sometimes required for meeting food hygiene standards
- providers not cooking (but providing pre-prepared food) did not require the same breadth and depth of knowledge of the standards as those cooking food

This training was provided across a context where many staff knew the importance of healthy eating, especially providing healthy food for disadvantaged young people. Prior to delivery, staff concerns were around whether young people would eat the healthy food.

### Approach to delivery

Similarly high proportions of providers in each area stated that they delivered healthy meals every day. Around a third (64%) of the 248 providers responding to the post provider survey said they prepared their meals fully in-house, with a quarter (25%) having them externally provided and a tenth (10%) using a mixture of both approaches. Two similar areas (smaller and relatively urban) relied slightly more than others on outsourcing meal provision to external providers.

Where providers received ingredients or ready-to-serve meals, this was often arranged centrally to ensure standardisation and economies of scale. Some coordinators identified suppliers and made arrangements (including payment), thereby reducing the logistical requirements for providers. In other areas, providers made their own arrangements, often using local suppliers such as cafes or school staff, but occasionally arranging food supplies jointly with neighbouring HAF providers.

External suppliers were often used where on-site cooking facilities were not available. Coordinators and providers felt this made it easy to meet food standards and achieve consistency across providers while reducing demands on busy project staff:

I can nearly do my menus beforehand and then hope for what I am going to get out of [our external supplier] and add to that, or leave a gap, to say, okay, let me see what I am getting on [from our supplier], then I can afford to add to this now I've got my menu for the week. It makes us feel a lot more comfortable. – *HAF Provider, Area A*

Coordinators welcomed the use of external suppliers as it provided additional support to providers. This was especially useful given the relatively specialised nature of some aspects of food provision, for example in Area B where a supplier identified aspects of food hygiene and safety that providers needed to improve.

While external provision of food was welcomed, accessing the food was challenging where it was not easily available locally. In one area, providers had to pick up food from a relatively distant central location, which reduced efficiency savings and placed additional demands on staff. Additionally, suppliers did not always deliver food that met the standards. For example, one provider reported an occasion when the food they were supplied with contained 'a box of coke cans and Haribo', with another noting:

The food delivery has been messed up. So, if [the suppliers] send the wrong orders through or they sent something wrong, like for example if they send chocolate, obviously we can't feed that to the children. So, it's then finding an alternative with what we've got. – *HAF Providers, Area G*

In one area, the original cost for providing ingredients was revised upwards at the start of the holidays due to an increase in the number of providers and young people. While this increase was not significant, it highlights considerations relating to contractual agreements and scale of delivery with this approach.

Providers usually prepared food on-site if there were suitable facilities. They generally felt this approach worked well, particularly where staff had previous similar experience. On-site cooking also allowed young people to participate in cooking full meals. Cooking alongside staff enabled children to work with trained adults and for nutritional education to be embedded. The main disadvantages of this approach were the need for experienced staff and for flexibility, for example in staffing cooking activities when turnout was uncertain.



A small number of providers asked parents/carers to provide a packed lunch. A minor theme was that this made it difficult on occasion to ensure School Food Standards were being met, despite providing guidance and reminders to parents/carers.

Around a quarter to a third of providers either offered solely cold (35%) or solely hot (27%) meals. The remainder were split between those offering an equal amount of each (10%) and either mainly hot (17%) or mainly cold (10%) meals. Provision differed notably by area:

- three areas where providers tended to offer entirely or mainly hot meals
- six areas had a broadly even split across providing hot and cold meals, where it was left to local providers to decide
- two areas had at least half their providers stating that all the meals they provided were cold. These were areas that particularly relied on outsourcing meals

Almost half (49%) of school providers delivered hot meals only, the equivalent proportion for VCSOs and for other types of provision was around a fifth each (22% and 19% respectively).

## **Barriers and issues**

Most providers felt there were not any notable barriers to providing healthy food. Issues tended to be mainly around encouraging young people to eat healthy food despite staff often taking creative ways to 'hide' fruit and vegetables in the meals. Behavioural issues sometimes made it difficult for staff to persuade certain young people to take up these options although it was reported that many young people were open to trying new foods.

Preparing food in-house could be time-intensive, particularly where there were specific dietary needs. The large number of young people at certain sites could also be a challenge. One provider had to revise their budget due to this, another had limited indoor space meaning that food had to be handed out to families and there was not enough room for everyone to sit and eat.

## **Whether standards being met**

The majority of HAF providers (94%) reported that they met food quality standards by offering healthy meals every day. Ninety percent of children agreed that healthy food was served at the club they attended. Interviews and site visits suggested a range of healthy options were standardly provided, including both food and drink that met requirements. Fruit and vegetables were incorporated into meals and provided as snacks in many clubs. Water was regularly provided or, on occasion, fruit smoothies that young people had helped make. One provider had fruit juice as part of their packed lunch, with squash also available in the sports hall. Cakes, biscuits and pastries were not available as snacks on the case study visit days.

While results suggest that food standards were generally being met, there appeared to be some clubs where School Food Standards were not always met in full. Young people at one provider mentioned having doughnuts as part of lunch, while another provider offered cereal bars as snacks.

In addition, some young people and staff referred to individual unhealthy options being provided, for example, pizza and hot dogs, which are allowed in the School Food Standards as part of a balanced diet. As a result, it may be possible that even if Standards were being met that young people may not have regularly been choosing particularly healthy options. In most cases when they were asked about the food they most enjoyed eating, young people tended to mention some of these less healthy options, for example pizza, burgers, hot dogs and chocolate cake. These were sometimes seen as 'treats' provided throughout the week.

A main theme was HAF providers delivering a range of food, which meant that School Food Standards were maintained and they could encourage young people to try new food:

We're trying to get that balance between what would interest children and what would interest the adults to have. Last week we had pasta which went down a treat with loads of vegetables in [it]. We have obviously the cereal bars. We've got the fruit out each week. We got some pizzas from Iceland, but they were really healthy ones, the margherita, we got those, and we had hot dogs. – *HAF Provider, Area F*

Most providers offered the same range of food across the holiday period. One started with a range of options, including less healthy options allowed within the guidelines, but narrowed this down so that participants would take up healthier options automatically. While staff had initial doubts, this tapering approach was felt by staff to work surprisingly well:

The idea is to try and get them to try something new. After a while we took away the options. We're like, 'This is what we have to eat,' and you'd find that, oh - then they try it out [...]. We understand that it's about promoting a healthy lifestyle. – *HAF Provider, Area K*

The perceived success of the healthy eating approaches adopted by some providers changed staff's views as to whether behaviour change in this area was possible, with some finding it 'surprising' that young people would take up and even request fruit.

## Change in quality level

HAF providers were more likely than non-HAF providers to provide healthy food every club day. Coordinators and providers said during interviews that this area that had seen a considerable increase in quality, with providers reflecting that in previous years they had provided the same quality of enriching activities, but less healthy food:

Last year we had the same type of activities, but we didn't have the same food on as last year. – *HAF Provider, Area C*

Providers spoke positively about being able to deliver healthy food, feeling that this set them apart from non-HAF providers (particularly churches and VCSOs):

I went somewhere where they was doing the same like us, but they only had one meal, and what they were giving them was chips and burgers and stuff like that, where here, they get really good food, they're getting three meals a day. Pardon me, but it's not rubbish food, it's really good quality food and it's healthy food as well, so that's really good for them – *HAF Provider, Area A*

Interviews with non-HAF providers suggested they also wanted to provide healthy food and worked hard to embed it in provision, for example using their garden to grow vegetables to cook and link to nutritional education. However, a key barrier was that accessing healthy food was not always possible:

We do get a lot of support from the foodbank. They give us food, but often they get big trays of doughnuts or cakes and things that come through Greggs. It's not the healthiest thing in the world, but then you think, well, at least they're getting something – *Non-HAF Provider*

HAF Providers did not feel that HAF had raised their awareness of the importance of healthy eating, but that being involved in the programme made them more comfortable delivering this in future, particularly having seen that healthy food options were taken up by young people (and parents/carers) and that delivering according to the quality standards was possible.

## Nutritional education

### Initial requirements

Most staff felt confident delivering nutritional education at the start of the programme, with many having previous experience, although some newer providers had concerns.

Some were unclear as to whether they were required to deliver formal sessions, which led to queries around how to deliver different formal sessions across their programme.

Just under half (43%) of all young people reported that they took part in nutritional education sessions, around the same proportion as those who stated that they took part in cooking (40%). There was no difference between those completing the primary or secondary age survey. The low endorsement for learning about food may be because nutritional education was often not as explicit as other quality standards. However, while many young people felt they had received some nutritional education this was not always the case:

*Interviewer:* And have you had any information or lessons on healthy food, or how to eat healthily, anything like that?

*Young Person 1:* Not really

*Interviewer:* Have you done any other activities around food or has it just been eating the food?

*Young Person 2:* Just been eating the food

### **Approach to delivery and whether requirements being met**

The extent that nutritional education requirements were met differed by area. The two areas where the greatest proportion of providers reported delivering nutritional education were one where the coordinator had experience in education and another where a large proportion of providers had school-based provision with adequate cooking facilities. Where coordinators or providers did not have this, nutritional education tended to happen less frequently, taking place on most club days as much, if not more, than every day.

Some providers used an experiential learning approach, with existing staff or external providers delivering cooking classes and nutritional education. One offered more holistic education using food from their allotment for meal preparation. This was welcomed by young people who took part:

They cook with them, as well, sometimes and stuff like that. That's pretty good for them because they can learn stuff. I think that's cool.

– *Young Person, Area C*

Some providers expected all young people to participate in preparation while others left it up to them to decide. The latter approach worked best where close relations were built up between staff and young people, staff were trained and confident, and could provide a rationale for participation that was closely tied into the nutritional education message:

[The children have] helped with making stuff [healthy food]. More importantly, it gets them to question, so you've got the kids are questioning things. 'Why, why do you do that?', 'What does that do to your body?' [...]. They will actually start talking about things: 'Is sugar good for you?' [and] to give them that correct information, it's pretty amazing. – *HAF Provider, Area C*

Providers had informal conversations with young people around nutrition, typically during mealtimes. For some this appeared to be the only or main approach to nutritional education:

Two or three tabletop activities every day have been food, healthy food in some way, even if it's just fruit collage or painting. – *Provider, Area G*

Staff saw this as a common-sense approach to engage young people avoiding a 'classroom' type approach. Discussions tended to be short and focus on important aspects of nutrition, such as eating fruit and vegetables or reducing sugar intake. The informal nature risked that conversations would not happen with all young people or that key messages would be lost. It may also partly explain the difference between coordinators and staff reporting that nutritional education took place and some young people saying that they were not learning anything on this topic.

A different approach was providers having longer and more formal discussions about nutrition, sometimes using activities with a direct health focus. This tended to be done where there was no food preparation on-site, children were slightly older, and staff were more experienced. It was also seen by some as an opportunity to engage parents/carers. On occasion an external expert, such as a health activity worker, would provide specific input.

A small number of providers provided specific nutritional education resources for young people, for example recipe cards for meals they had cooked. One provider had an opinion-sharing session on fruit and vegetables followed by handing out the Change4Life 'Top Tips for Teeth' resources and free toothbrushes:

We're going to provide each pupil eligible for free school meals with a home pack and in there there'll be information around healthy eating, around physical activity, around activities they could do together as a family. So, it's really trying to imbed the healthy behaviours in children and young people through home packs, but also through the activities that are undertaken and that internal influence on their families. – *HAF Coordinator, Area D*

Parents in Area I reflected on the recipes provided and that these were being used at home. They were building their confidence in cooking and food preparation, albeit that certain meals cooked were 'unhealthy' and should be part of a balanced diet:

Yes, they give you the recipe card, the fajita mix, peppers and potatoes. – *Parent/carer 1*

Yes, we did pizzas here, and then we went and made them at home. We made those puff pastry cheese things the other week. Then we went home and made fruit ones [...]. They are taking it home and wanting to do it as well. – *Parent/carer 2*

That's what I was saying. They really are cooking. – *Parent/carer 1*

A coordinator suggested that the collation of a pack of age-appropriate resources could be organised most effectively centrally across all HAF provision in the area. While provision of resources was seen as positive by a number of providers, others questioned whether this approach was necessarily most suitable:

We had all our nutritional education information in leaflet take away format. This did not interest everyone and would be better to have this demonstrated in a physical way, perhaps food cooking demonstrations etc. – *HAF Provider, Area C*

Particularly important was the link between the food provided and the nutritional education message. Most providers offered occasional 'treats' as part of the School Food Standards, which did not appear to affect the extent that healthy eating messages were heard or acted upon. However, there was evidence from one provider visit that there could be mixed messages across nutritional education and food provision:

### Case study 3: Linking food and nutritional education

This provider was a sports organisation in a small locality (Area H) with little other provision nearby. In the past, they had provided sports coaching on a regular basis to young people and were new to meeting many of the HAF quality standards.

The provider focused on physical education and health messages, often using formal approaches which appeared to work well given the focus of the club, the interest of participants and the small number of participants. Formal discussions were scaffolded with young people being given folders with exercises to complete as homework if they wanted, including food diaries. A number of staff were trained in nutrition, due to the requirements of the particular sport.

Nutritional education was an important element, with staff stressing healthy eating as part of their physical fitness message. Young people spontaneously commented on nutritional education, one stating they had learned ‘how to keep your body fit and what to eat before and after training’, with a number reflecting on how they were making different food choices as a result of taking part in the club.

As food preparation facilities were not available on-site, all food was provided by a local café which delivered food to a number of different HAF providers. Food quality standards were met, with standard provision being sandwiches, (baked) crisps, a nutrition bar and a piece of fruit. While this was seen as a ‘good quality packed lunch’ by staff, young people would have welcomed more hot food and, in particular, variety.

Like, it’s always the same. It’s nothing different. – *Young person*

As a result, the nutritional education message was diluted. One young person noted that food provided was ‘not really teaching us what we should be eating’. Staff felt that this would be something they’d look to change in the future:

I would probably try and mix the food and nutrition side of things.  
So rather than having a basic sandwich, bit of fruit, or a fruit  
nutrition bar or whatever, I would mix it up completely.– *Staff*

This highlights the difficulty of linking food and nutritional education, particularly where a provider has a strong emphasis on nutrition but this message is undermined by the food provided lacking variety.

## Barriers and issues

A small number felt that they could have done more on nutritional education and that the quality standard had not been met. Key issues were a lack of cooking facilities or resources making it hard to embed nutritional education as part of children's involvement in meal preparation. Less common themes were difficulty in integrating nutritional education into other activities, the sessions being too similar to school, and a lack of training for staff.

## Change in quality level

Nutritional education was reported as more frequent in HAF areas than in non-HAF areas. Feedback from HAF staff suggested that the requirements were challenging compared to previous levels of delivery:

I think some of the providers had feedback about the nutritional education, like doing it on a daily basis is a bit onerous. They're all people that totally get it, they're eager for it, already do it generally, but just every day, that's a bit much. – *HAF Coordinator, Area H*

This suggests that the demands and extent of nutritional education were new and increased provision was being put in place. However, perceived increase in the *extent* of nutritional education is not synonymous with the provision of *quality* nutritional education. Informal approaches based on ad-hoc discussions may have taken place with many young people but not necessarily been as effective as formal discussions or experiential approaches based on activities such as cooking.

## Factors in meeting quality standards

### Staffing

Provider staff were particularly important in ensuring quality across provision. Staff often worked longer hours than they were contracted for, to ensure high quality activities were provided which often exceeded the expectations of children attending. A key lesson was the benefits of having a strong delivery team with staff with varied skillsets and qualifications (for example, childcare, teaching, sports) to deliver a variety of high-quality activities.

Several staff members, across areas and projects, stated in interviews that they felt their wellbeing was often overlooked:

We've had people crying, we've got members of staff being so upset that they're crying, because they're that stressed out that they're



crying. I don't think anybody should be put under that amount of stress [...]. If any of this goes back and gets sorted out for next year, it will be brilliant. – *HAF Project Staff, Area G*

Children and parents were generally very appreciative of staff approaches and skillsets, with a minor theme being that there may not be enough staff in place at certain sites, albeit feedback suggested this had not led to any specific issues.

## Flexibility

Providers had to be flexible and adapt to children's needs and behaviours in the delivery of quality standards and hence 'play it by ear every single day and just see' (HAF Project Staff, Area K). Some coordinators and providers would have welcomed more flexibility in the format of sessions, saying they would make them shorter so children maintained focus. Others would have increased the variety of activities, for example increasing the number of day trips.

Another challenge requiring flexibility was the unpredictability of attendance: one provider gave the example of having 16 children one day and more than 100 children the next. This made it difficult to provide the correct amount of food, ensure sufficient suitable activities were in place, and avoid placing additional demands on staff.

## Access to resources

Access to a variety of resources was important in ensuring delivery of the quality standards and keeping young people positively engaged. Outdoor activities were seen as particularly beneficial, giving children a change of scenery and increased variety. This maintained engagement and involvement and was welcomed by the young people. Providers reported swapping resources with other groups to offer variety.

### **Case study 4: increase in quality and quantity of provision associated with HAF funding**

Some lead organisations provided holiday clubs in 2019 both in their HAF area and in other local authority areas (non-HAF areas). This case study focuses on one such organisation, where HAF funding increased the amount of money they gave to HAF area providers from around £150,000 to just over £500,000. As funding to the non-HAF area remained relatively static, this allowed senior staff to compare the effect of the funding across HAF and non-HAF provision<sup>22</sup>.

HAF funding was felt to have increased attendance in the HAF area in two ways. Firstly, the increased funding encouraged new providers to set-up and, to a lesser

extent, increased throughput among existing providers. Secondly, the extra support that could be put in place ensured that all providers in the HAF area met quality standards and other requirements, whereas one or two potential providers in the non-HAF area were not able to deliver as they struggled to meet quality standards (e.g. Child Protection requirements).

In addition to the direct funding, HAF funding enabled the lead organisation to employ an additional coordinator for approximately 3.5 days a week in the HAF area as opposed to the roughly 0.75 they were able to fund a different coordinator for in the non-HAF area. The increased coordinator time was used largely to:

- ensure training was in place and being taken up
- support providers (particularly new providers) and answer queries, particularly in the set-up phase
- map provision across the local area and link providers, community resources and quality standards suppliers
- promote activity and benefits continuously to a broad range of stakeholders

The HAF funding was perceived to be particularly valuable in helping resource training and advice for continued improvement amongst providers, with staff feeling this led to improved delivery across quality standards, especially for enriching activities. HAF projects were felt to have a more diverse enriching activity offering (for example, arts-based provision also providing non-arts activities).

An important contributing factor to success in the HAF areas was undertaking initial mapping of provision. This helped link providers to organisations which could provide supplementary activities, thereby reducing pressure on staff to develop their own offerings in thematic areas where they may have felt less skilled<sup>23</sup>. Mapping also helped staff link to local businesses to provide small-scale, additional funding, money or expertise (e.g. one business donating reusable water bottles to help meet food requirements).

# Outcomes

## Key findings

- Young people very much enjoyed attending HAF provision, with high proportions of both primary (82%) and secondary (79%) questionnaire respondents stating that they enjoyed the clubs ‘a lot’
- Young people and parents claimed a range of benefits for young people as a result of taking part, including increased knowledge and skills, socialisation and wellbeing
- Parents felt that the quality of provision, and the structure it provided for their children’s day to have contributed to children achieving positive outcomes. Parents who attended HAF provision reported that the clubs enabled them to spend more time with their children and socialise with other local parents
- Some parents stated that they were able to access other support services offered by the HAF providers such as help with housing or accessing Universal Credit
- Coordinators and providers felt that one of the key outcomes was being able to equip parents with knowledge and skills which may lead to behaviour change, for example around eating habits
- Staff reported benefitting from increased skills through training, which they reported led to greater confidence and increased aspirations
- Key outcomes reported by providers included being part of a network and building relationships with other similar organisations in their area
- Coordinators noted that considerable support was provided for some, generally new, providers in addition to training on quality standards. This depended on need and included legal advice and developing organisational procedures

## Young people

### Knowledge and skills

Many young people felt that attending the clubs improved their knowledge and skills. Around three-quarters agreed ‘a lot’ (72% of primary and 75% of secondary ages) that they had tried new activities, with slightly smaller proportions stating that they had been

taught something non-food related (66% and 59%). Interviewees reported a range of skills and knowledge they developed, including those related to quality standards such as how to play certain sports, nutrition, and additional enriching areas such as geology and arts and crafts (for example, 'making slime').

## Socialisation

Large proportions of both primary (66%) and secondary (59%) questionnaire respondents agreed 'a lot' that the club had helped them 'make new friends'. Examples of increased socialisation were also noted by parents:

With my son, he's quite shy [...] he's not a laddy lad [sic]. He doesn't like going into situations where there are older boys or there are older males; he just finds it really difficult. We went to the park last week and he'd made a new friend within five minutes of being in the park and that's never happened before so that's definite off the back of him doing this. –*Parent/carer, Area E*

## Wellbeing

One theme was parents feeling that taking part in the holiday club affected their children's wellbeing positively. This was backed up by feedback from children, with many reporting that taking part made them feel happy and positive.

## Structured environment

Parents felt these outcomes were enabled by the quality of delivery and the environment. This was compared to what would have happened if there had not been a club, with young people being somewhere safe and having outdoor space to play and exercise, rather than spending time in front of the TV or computer, as well as trying new things:

They're out of trouble. They're not at home on the computer. They're out. My little lad [...], he's running around somewhere. He would literally sit on the computer and the whole of these holidays he has been here running, jumping. Everything that he can do is here. They're so inviting. That's why we come back. – *Parent, Area C*

There was a suggestion that outcomes could be facilitated by the nature of provision, with the holiday club providing a structure similar to that provided by schools:

The main thing that I've noticed that my son is bringing back from this completely is he is from a chaotic home... He needs structure so he knows that coming in the morning, it's like keeping the school

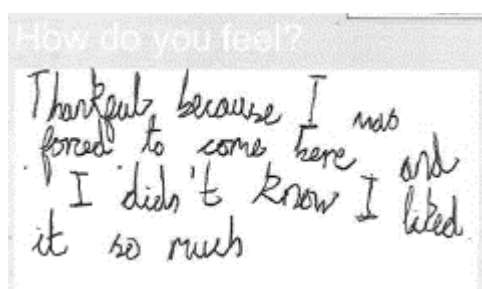
structure going, but he's still having fun... I think, if he didn't have that this summer holidays [club] I would have had a completely different little boy so I want to thank you. – *Parent, Area E*

## Enjoyment

A strong theme in interviews with coordinators and providers was that enjoyment was an important secondary outcome achieved by projects, being linked to repeated attendance and potentially to other outcomes. In total, 82% of primary school and 79% of secondary school aged children said they enjoyed the club 'a lot'. Virtually all those who did not enjoy it 'a lot' enjoyed it 'a little' (17% and 18%), with very few not enjoying it very much (1% and 3%) and less than 1% not enjoying it at all. Young people who were interviewed provided a range of different reasons for enjoying the clubs, including the 'fun activities', that it enabled them to socialise, and that it increased their confidence.

When asked whether they had any ideas to improve the club, most children stated that nothing needed to change and that club is 'great' as it is. Parents reflected that 'everything they've done with them has been great' and that 'they've nailed it really'. One young person taking part in a participatory evaluation exercise realised they enjoyed it after being made to attend:

### How do you feel?



Source: Participatory tool

Text: 'Thankful because I was forced to come here and I didn't know I liked it so much'

## Families

### Parents/carers attending

Parents/carers noted being able to spend time with their children at clubs as an important outcome. HAF coordinators and providers believed that parents/carers were often not able to find time to spend with their children. This time was beneficial for families and allowed them to experience things they might not have been able to afford otherwise:

A lot of parents have said to me [that] holidays can be so long, and they don't have the money to do something every single day. Whereas something like this, they said it's been such a help. I think it's just helped them, and it's nice for them to spend time with their kids, not just watching TV. Like actually making things, because they said like it's expensive if you go to like Hobbycraft and get all the crafts stuff yourself. – *HAF Provider, Area I*

Another theme from across the interviews was families increasing social networks and making new friends. This was felt to be most common in clubs where parents/carers were expected to stay with their child throughout the day. This benefit was also mentioned by parents who were more isolated in their daily lives, or did not have much time to socialise, particularly with the burden of managing work and childcare. Parents/carers mentioned the benefits of 'a bit of adult connection' (Area I) and enjoying meeting new people.

### **All parents/carers**

The main benefit to families mentioned in interviews was the access to wider support and services (for example on mental health and finances) that clubs provided either directly or through referrals. One coordinator in Area A noted an increase in parents/carers talking about financial difficulties and looking to access support, particularly around Universal Credit:

[Parents/carers] can drop their children off for the holiday activities and food, and make sure the kids are getting a good lunch and are getting some fun activities, but it's also while they're there that they can access support around Universal Credit, support around council tax benefits, support around housing options [...]. So actually, having these projects embedded within those environments or linked into those environments is important. – *HAF Coordinator, Area B*

One club sought to have lunchtime sessions with parents, where support and guidance would be provided on different topics, including on finances:

[They have been] helping people with money and things like that. Money is one thing we're really strict with... That lady was talking about budgets and stuff... Yes, she gave out a little booklet, didn't she, and it had all information on it. – *Parent/carer Interview, Area I*

Providers gave recipe cards or 'weekend bags' for parents/carers that contained food and advice on how to cook it, to encourage positive behaviour. Providers also felt that by

changing the behaviour or attitudes of young people they could act as positive examples for other family members.

Interviewees suggested that clubs reduced stress among parents, largely by reducing the costs of looking after children or the need for childcare provision:

I'd say it's taken a lot of pressure off in terms of the long summer stretching ahead and having a lot of resources to plan out and what activities and not necessarily having a wide network myself [...]. It's helped me plan out the summer, it's helped [my son] to meet up with other friends from his social group – Parent/Carer, Area E

For parents with mental health issues or having a difficult time, holiday clubs could help ease the pressure. Parents referred to being able to get 'respite' (Area E) and having 'one less stress' (Area I), with clubs particularly welcomed where home life was chaotic or families were busy. This was also valued by parents/carers of children with SEND.

As the provision was often free, parents on low incomes reported being able to save money by sending their children to the clubs compared to if they had attended a more expensive provision. One said that the 'financial saving is massive' (Area H), another:

I'm not being rude but [I have] six weeks on a very small wage.  
These guys have been life savers. – *Parent/Carer, Area H*

## Organisations

### Impact of HAF funding

The HAF post provider survey asked providers about the impact of HAF provision on training to staff, organisational policies/procedures, and links with other agencies.

**Table 19: Impact of HAF provision on training, policies, and agency links**

	Large Positive Impact	Positive Impact	No Impact	Negative Impact	Large Negative Impact	N/A/ Don't Know
Training provided to staff	19%	27%	36%	0%	1%	17%
Organisational policies/procedures	17%	19%	49%	1%	1%	15%
Links with other agencies	14%	53%	23%	0%	0%	9%

Source: HAF post provider survey

Base: Training provided to staff (198), Organisational policies/procedures (200), Links with other agencies (201)

Most providers felt that HAF had a positive impact on provision, with 45% mentioning a large positive or positive impact on training, 36% on organisational policies and procedures and 68% for links with other agencies. Most of the remainder felt it had no impact (either positive or negative), it was not applicable or they did not know.

Interviewees reported seeing improvements in delivery due to upskilling staff and hiring new staff. New clubs felt support and training would build staff knowledge and confidence and lead to a 'step up' in staffing (HAF Coordinator, Area B). The increased confidence among staff was felt to have increased aspirations to do more in the future. Positive engagement with parents/carers was reported as one route to increase staff capacity:

We've got some parents coming back and actually volunteering, rather than not just coming to attend but coming to volunteer on days that they're not attending. – *HAF Coordinator, Area I*

Links to other agencies were important where networks did not exist and there was little coordination on the ground, with HAF contributing towards establishing links:



I think the fact that we've got this group now of 80 to 100 organisations and a bit of a wider network who want to do something about it... I think that's quite strong having that network there and I think some of the momentum it's built and giving people a foundation to do something else is definitely a strong legacy. – *HAF Coordinator, Area J*

Across many areas, the introduction of HAF helped to raise awareness within LAs of the importance of summer holiday club provision and its potential impact. In one area provision had been very low before HAF, with the programme being seen to provide:

A real kick-start to the whole discussion around holiday activities, awareness of what it involves, impact, potential impact on children and families and it increased awareness of the different organisations in the area that support children and families that could potentially be involved in any future delivery. – *HAF Project Staff, Area A*

Coordinators hoped HAF would place providers in a better position in future to apply for similar initiatives and access funding. HAF was seen to have given providers a track record of delivery, experience applying for funding, and developing processes and protocols.

# Sustainability

## Key findings

- Virtually all providers said they were either definitely (64%) or likely (23%) to run a club in 2020
- The main challenge to ongoing sustainability was the perceived lack of large-scale funding availability, with this being seen to have implications at a local level
- VCSO coordinators considered themselves able to continue provision at some level should funding become limited. The same was not true of schools, suggesting reduced long-term sustainability in areas relying on school-led coordination and provision
- Most areas engaged possible additional funders during HAF provision, mainly through providing evidence of need and/or HAF impact. This tended to be relatively small-scale and rely on end-of-programme events, with few areas systematically engaging possible funders throughout delivery
- While there were examples of good practice in terms of sustainability of provision (notably one area embedding a specific role), most areas did not have immediate plans in this area

## Initial plans for sustainability and legacy

### Accessing funding

Virtually all coordinators considered sustaining provision at HAF levels to be a major challenge. This was due to a 'real climate of uncertainty at the moment' (HAF Coordinator, Area B) around future funding from central government and the perception that accessing large-scale funding from other sources would be difficult:

I guess it would just be a waste of time this year, if there wasn't anything else [funding] in place. Then you bring that down to an individual level of kids' lives and the impact on their future, it's a massive thing. – *HAF coordinator, Area J*

However, coordinators felt that it would be possible to build on HAF and deliver above previous levels, for example by accessing LA funding. One area had clear plans to

discuss this with the LA through the coordination team's existing connections. Another area was also optimistic:

I think a legacy created will be a larger scheme than would otherwise have been delivered in [our area] next year, regardless of whether we get DfE money or not. I would certainly expect that to be the case. – *HAF Coordinator, Area F*

Other coordinators either felt that significant funding was not available or that the work required to access it was not possible within HAF timescales, particularly if they would not be continuing in similar roles after summer 2019. As a result, they focused on identifying smaller pots of funding and sign-posting providers to funding opportunities.

### **Generating evidence for funders**

Coordinators offered to support providers by giving evidence of programme success to funders. They were positive about the opportunities to build on the programme by engaging funders more widely, including 'other people coming to talk to us' about rolling out the programme (Area I) and other plans to develop provision:

It's now becoming embedded in across the local authority so...the next step, really, is to have all the directors come together to discuss learning from the summer and how we can take it forward across the local authority...I think it's quite been quite eye-opening for them in lots of ways so I think it will take time to drill down to all the different pieces of learning for them and who then takes what forward. – *HAF Coordinator, Area A*

One important source of information for funding applications was the results of initial scoping and mapping of local provision, with staff having found this useful in making a case that provision was required. Another area was using evidence from their local evaluations to show that holiday club provision worked. Different channels were planned for disseminating this evidence:

- large-scale events, such as learning events, celebrations or mini conferences, designed to involve a mix of providers, staff, participants and potential funders
- written reports, with many areas having commissioned their own internal evaluation to provide area-specific feedback
- ad-hoc information, e.g. up meetings, e-mail communication, or networking

While a wide range of approaches were suggested across areas, coordinators had not typically engaged potential funders systematically.

## Future provision and sustainability

Almost two-thirds of providers (64%) said they were definitely likely to run a club in 2020, with 23% feeling likely to do so. There was no difference according to whether clubs were new or not. Most providers were positive about continuing as they felt their club was a success, basing this primarily on the number of young people attending and enjoying taking part. A number said they ran clubs regularly and saw no reason to stop.

Just under half of those who said they would probably continue in 2020 mentioned funding as a potential factor in whether this would happen. Coordinators felt the perceived success of HAF would contribute towards establishing sustainability:

If the funding goes beyond year one, then name recognition and the fact that it's a successful brand being delivered again will boost its awareness across the city, and hopefully the people who will access it. – *HAF Coordinator, Area K*

A small proportion (12%) said they did not know if they would be running anything similar in 2020. Finally, only two providers said they would not run provision in 2020 due to difficulties with venue location and because no children turned up for their club in 2019.

Coordinators felt that the success of the programme was likely to encourage others to get involved in the future. However, in the absence of large-scale funding some felt that provision was more likely to continue through VCSOs, as they were used to developing and delivering services with minimal funding, than for school-based provision:

I think the challenge will be with the schools. I think the voluntary sector will be sustainable, because I think they're flexible, they will make it work and, because it's helped raise their standards, given them training, they're a bit more savvy about finding funding and resources for it. Gut feeling is, I don't think schools will be as sustainable, because it would mean more effort into doing some of the fundraising. – *HAF Coordinator, Area J*

## Specific sustainability plans

All areas outlined plans for sustainability in their applications. Some saw HAF's legacy as better links to funding, sustainable outcomes for participants and improved staff capacity:

With or without it [DfE funding], we will make sure that a... programme continues and it will be stronger for having had the holiday activity and supervision this year, because the third sector organisations will be in a better place. They'll have been upskilled and their capacity increased, they'll have had their awareness of food

hygiene and safety, they'll have had their awareness around nutrition, they'll have had their awareness around activities. – *HAF Coordinator, Area B*

Some coordinators assumed that staff would be upskilled and this would be sustainable, with minimal or no additional support required. However, support plans had been considered to varying degrees in other areas. Area D had plans to develop a webpage with resources and training materials for HAF providers and a quality mark so that providers who met quality standards would be quality approved for three years. Other areas planned to provide resources, as in Area B where funding had already been accessed in relation to family engagement.

A theme was that coordinators saw upskilling as particularly important for volunteers, especially new volunteers who were parents/carers of attendees. One said that in previous clubs they had deliberately identified parents/carers to target as potential volunteers and get involved in longer-term work. This model was seen as successful and worth replicating through HAF.

Others saw a longer-term legacy in signposting parents/carers to local support, for example by basing provision around local service hubs, or establishing networking links across organisations. Some coordinators felt that networks could be sustained fairly easily but others felt that the short length of funding acted against sustaining networks, or that networks needed to be embedded in a wider plan:

[Developing networks is] proving more difficult than imagined and people [are] wanting to engage in district networking less, especially considering it's only a few weeks for some of them. There is no longer-term agenda that they can mobilise around. Working in partnership is very time consuming if you're not going to be securing something longer-term. – *HAF Coordinator, Area G*

Some providers stated that they did not have any plans for sustainability as there was no guarantee of future funding..

Finally, there was one example where sustainability was already embedded in plans for the area, through a specific job role.

## Case study 5: embedding sustainability

Area A funded a part-time Innovation and Sustainability lead responsible for sustainability planning from the outset of the programme. This role was situated within the local council and was originally intended to be short-term but was extended to the end of the year as the council recognised the importance of the role.

Key tasks for this post included pursuing strategic relationships, linking with local businesses to sponsor clubs or provide free/reduced cost food, and sharing learning tools and templates. A crucial element was seen as developing and running sustainability sessions at the end of the holiday period, bringing together providers and partners to assess learnings and develop concrete sustainability plans for providers.

While this role was seen as a vital way to maximise sustainability, it was recognised that it still largely depended upon finance. There were promising signs, with some LA grants being changed to enable providers to apply for funding for future periods, and the hope that a ten-year plan could be developed which would allow for clearer financial planning. Despite this, it was still going to be difficult for providers to finance clubs:

It's really disheartening actually. Thinking about it when I said that I just was just thinking [that] going forward it's going be really difficult, isn't it? – *HAF Coordinator, Area A*

# Conclusions and recommendations

## Conclusions

Data shows around 50,000 young people were recorded as attending HAF provision during Summer 2019, with linked National Pupil Database data having 41% as eligible for Free School Meals. Over three-quarters (84%) of all 2019 providers met the 4:4:4 aspiration. Around two-thirds (63%) of providers felt that the programme had a large positive impact on attendance, with most of the remainder (24%) feeling it had a general positive impact.

## Overall model and coordination

### Model summary

Overall findings suggest that HAF is most likely to have an impact on quantity of provision in areas where there is a lack of existing provision. In these areas, coordinators play a bigger role in helping to set-up and establish new provision. Where provision is lacking, a range of types of provider should be engaged by the coordination team. Particularly important is establishing relationships with schools to allow identification of FSM-eligible pupils.

Coordinators reported feeling positive about the HAF approach and model, and that it made a difference in the delivery of the programme in their area. This links with evidence from providers that they were happy with the support provided as well as the joint-working practices established to facilitate delivery.

Several coordinators questioned the use of FSM eligibility as a proxy for disadvantage, due to the difficulty in identifying eligible children and the stigma attached to FSM eligibility. Identifying relevant young people worked well where schools took the lead role, while it was more difficult where coordinator teams did not have relationships with schools, agreements fell through and timeframes were constricted.

Using VCSOs was common across areas, allowing providers to build on existing expertise engaging young people in an informal setting. VCSO provision was also felt to be more sustainable, particularly in comparison with new school-based provision. However, school facilities were advantageous, especially where staff were able to cook healthy meals. Where links with schools helped identify FSM-eligible young people this was also welcomed.

- NPD data showed most areas with between 34% and 44% of those attending being eligible for Free School Meals. Actual FSM prevalence in these areas varied from around a tenth to just under a third of primary and secondary attendees.
- The two areas with the highest proportion of eligible FSM participants were not among those local authorities with the highest levels of FSM eligible young people. Both had targeted this group to a greater extent than other areas.
- Just over half (56%) were from a white ethnic background. Nearly a quarter (23%) were classified as SEND, 5% were classified as Children in Need and 1% as Children Looked After.
- Of those eligible for FSM in 2019, 29% attended five to ten sessions and a further 27% attended more than 10 sessions. These proportions were the same for those eligible for FSM over the last six years. Just under a fifth (18%) attended for only one session

HAF aims to ensure that all FSM-eligible children in the delivery areas can access provision if they want to. Therefore, there are three possible approaches to geographical coverage for any future HAF delivery:

- a diffuse approach, where coordinators work across multiple LAs, similar to the 2018 HAF programme
- a mixed approach, where coordinators can also work in neighbouring LAs
- a concentrated approach, where coordinators work in one LA only, as in the 2019 HAF programme

## Quantity of provision

Data shows around 50,000 young people were recorded as attending HAF provision during Summer 2019, with linked National Pupil Database data having 41% as eligible for Free School Meals. This data showed all areas had higher proportions of those eligible attending their provision than were found in their local authority.

Two areas had particularly high levels of FSM eligible young people attending (Area E at 76% and Area H at 61%) although neither were among the local authorities in the top quartile for eligibility across all of England. This was largely due to both these areas having a particular focus on this group above what was undertaken by other areas. Both achieved high proportions despite being different settings, one being a city/town and the other mainly rural. There was a theme in interviews that the considerable emphasis on engaging young people who were FSM eligible in these areas made project implementation difficult and may have affected overall numbers, as capacity demands could be met more easily and fully via a less focused approach.



Almost half (47%) of HAF providers were formed for Summer 2019, with around three-quarters individually meeting the 4:4:4 aspiration. Around two-thirds (63%) of providers felt that the programme had a large positive impact on attendance, with most of the remainder (24%) feeling it had a general positive impact.

## **Quality of provision**

Providers reported they generally provided healthy meals and physical activities every day. Physical activities and nutritional education happened less frequently. Quality standards were met to a greater extent in 2019 than 2018 and more among HAF than non-HAF providers, particularly for healthy meals and nutritional education. Nutritional education worked best where it was part of existing activities and where an experiential learning approach was applied.

Training and support were provided by coordinators to providers as required. Considerable support was required for some providers, particularly new ones, so that they met legal obligations and had appropriate processes and protocols in place.

This evaluation was designed to assess whether quality standards were delivered and not to provide a rigorous measure of whether outcomes were achieved. Young people and families reported positive outcomes, with this positive self-reported data illustrating overall satisfaction and positive engagement rather than providing evidence that outcomes were necessarily achieved.

## **Sustainability**

The potential for long-term sustainability is mixed across areas, with the perceived lack of large-scale funding to replicate HAF being the major barrier. A small number of areas had concrete plans to engage funders, but this was by no means the case for all. Coordinators spoke positively of a wider legacy of the programme through relationship building and networking, upskilling staff, and involving parents and carers.

## Recommendations

The following recommendations were developed on the basis of the 2019 HAF programme covered by this evaluation. Initial versions were provided to the Department for Education prior to the launch of the 2020 HAF programme and used to inform programme development at this stage.

### Model

- **recommendation 1:** provide clear guidance on the proportion of providers expected to individually meet 4:4:4 requirements

### Application process and form

- **recommendation 1:** provide clear guidance in tender documentation, to ensure that coordinators provide accurate and relevant information on cost and assumptions around attendance levels in their applications
- **recommendation 2:** ensure application forms are clear around requirements, for example the intersection across enriching activities and other activities
- **recommendation 3:** ensure clear expectations as to the numbers and proportion of young people attending (overall and at FSM level), taking into account local context and history of provision

### Set-up stage

- **recommendation 1:** allow sufficient lead-in time for preparatory work
- **recommendation 2:** provide support and advice centrally for coordinators

### Implementation

- **recommendation 1:** provide examples of best practice on experiential learning, and resources that can be used at home
- **recommendation 2:** provide a centrally produced set of documents (for example, FAQs) to clarify requirements for coordinators and providers
- **recommendation 3:** ensure support and information sharing on establishing new clubs, in particular relating to process, protocols and legal obligations
- **recommendation 4:** encourage clubs to allow parents and carers to attend

## Monitoring, evaluation and learning

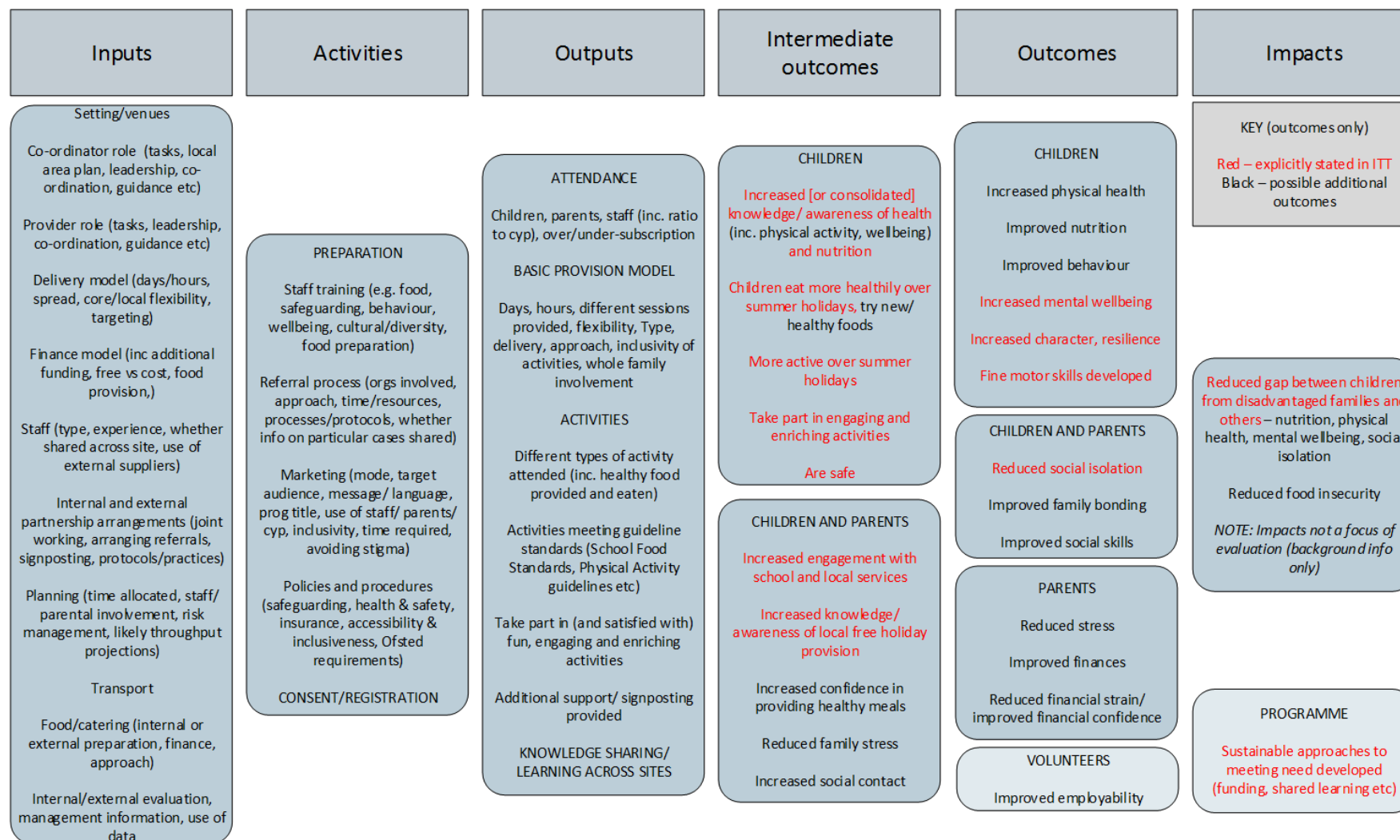
- **recommendation 1:** investigate the possibility of developing and testing standardised electronic approaches (e.g. apps) for the collection of MI
- **recommendation 2:** use learning from the family food education sessions to understand how a range of families can be engaged positively
- **recommendation 3:** include cross-organisational learning opportunities throughout the programme

## Sustainability

- **recommendation 1:** successful applicants should have a clear plan for sustainability, which can be monitored on a long-term basis

# Appendix 1: Evaluation methodology

## HAF Logic model: process evaluation elements



## Process evaluation

**HAF pre and post coordinator interviews** –interviews with HAF Coordinators across all areas before and after HAF programme delivery

*Pre (July/August 2019). Completed: (n=10)*

*Post (September/October 2019) Completed: (n=11)*

A set of telephone interviews at both pre and post-delivery stages with local area coordinators. The interviews lasted between 45 minutes and one hour at pre stage, covering background context and history in the local area; planned set-up and implementation; perceptions of HAF programme, quality standards and outcomes; potential impact on provision; and sustainability. Ten interviews were conducted (one after provision had started) from across the eleven areas, with one coordinator not unable to take part.

Follow-up telephone interviews were longer, lasting between one and two hours per area. These covered reflective feedback on implementation; the coordinator role and staffing; programme and outcomes; quality standards; impact on provision; and sustainability. Interviews were conducted with coordinators from all eleven areas. The interview with the coordinators that was not able to take part in the pre interview took a reflective approach to cover initial perceptions at pre stage in addition to the post stage topics.

**HAF provider pre and post surveys** – two short self-completion surveys, one for at a pre stage (approximately ten minutes long) and one at a post stage following completion of delivery (approximately ten to fifteen minutes). Total number of responses were 419 at pre and 241 at post-stage. Surveys included several questions covering basic details of provision which were included on both pre and post questionnaires. This provided a merged dataset for these questions including responses from 527 different providers. In total, 532 separate providers were detailed on MI returns, suggesting a high response rate (although exact figures should not be assumed due to potentially different approaches to providing data where joint provision was in place)<sup>24</sup>. This is higher than the number of providers detailed in the Management Information Sheets, potentially due to joint providers providing separate responses to the survey but consolidated information in the MI.

## Coordinator and provider surveys

### Survey design

The pre survey included questions on the area in which they were based, the organisation leading delivery, age of attendees, staff status (for example, whether volunteer or paid), costs for children, key factors impacting on potential success, and availability of data for 2018 and 2019 (including FSM).

The post survey included questions asked of those who had not completed at the pre stage, to provide basic information on provision. These were supplemented with additional questions covering opening hours; factors encouraging/discouraging attendance; provision and take-up of activities; training/support offered and taken-up; satisfaction with support; and overall cost.

Surveys were available for completion on-line (including via mobile phone).

## Survey implementation

On-line surveys were sent directly to all providers using a list provided by each local coordinator prior to the survey starting. As a small number of organisations delivered across several different sites, a supplementary spreadsheet version was provided to allow easy completion rather than requiring completion of multiple on-line surveys.

Surveys were sent to all providers at both a pre and a post stage. Those who had already completed at the pre stage were routed within the survey to avoid any questions they (or someone else in their organisation) had answered in the pre-survey.

**HAF case study visits** – visits to a sample of pilots, to conduct qualitative interviews and to collate checklist and participatory tool information.

*During delivery (August 2019). Completed: n=11 pilot organisations*

*By estimated size: 40 or more participants (n=6), fewer than 40 participants (n=3), no attendance data (n=2)*

*By lead organisation type: VCSO (n=4), LA (n=4), other (n=3)*

The case studies aimed to provide a more detailed understanding of the challenges and lessons learned from setting-up and delivering HAF provision in local areas. Case study providers were sampled to account for both the size (over or under estimated 40 participants) and the type of organisation (VCSO, LA, other). Information for sampling purposes was accessed from all areas via a light touch data collection exercise prior to provision starting.

Case studies were conducted in August 2019, therefore taking place towards the end of provision in each area. Each case study involved a site visit, with this lasting between three hours to a full day, largely dependent on the duration of the club on that day. The visits included a mix of individual and small group discussions with the pilot lead, other staff from the organisation involved in planning or delivery, senior managers, young people and their parents or carers. The interviews were carried out using semi-structured topic guides tailored to each respondent type.

Where possible, case study visits included completion of observational checklists focusing on the HAF quality standards as well as the use of participatory tools for young people. These included a checklist to cover existing policies/procedures and feedback

from interviews, and an observational checklist to record aspects of delivery of the standards. Checklists were completed at six separate sites.

Participatory tools included age specific templates for primary and secondary school age children respectively, allowing attendees to provide reflective feedback on their involvement and perceived outcomes from the programme. In total, these tools were completed by 37 primary age children and 10 secondary age children.

**HAF children's survey** – two short self-completion surveys, one for those aged 8-11 (approximately five minutes long) and one for those aged 12 and over (approximately eight to ten minutes long). Total number of responses were 862 for the 8-11 version and 269 for the 12+ version.

## Children's Survey

### Survey design

The survey research with children was based on a mid-point/end of provision design, to measure perceptions of provision and outcomes during their involvement in HAF provision. This survey aimed to provide an initial snapshot of perceptions and engagement at a specific point in time as opposed to adopting a more complex pre and post approach to track outcomes as this was not a set evaluation objective.

Both questionnaires included identical questions on demographics and frequency of attendance, perceived enjoyment of provision, participation in activities, perceived outcomes, and potential improvements. In addition, the 12+ version included questions covering the decision-making process, family participation, and comparison to other holiday clubs.

Surveys could be completed using on-line (including via mobile phone) or paper-based copies. Staff assigned the correct version to consenting young people depending on the needs of individual young people.

### Survey implementation

Each area was asked to ensure 100 questionnaires were completed by young people attending clubs. A pre-selected list of approximately four to eight providers was developed for each area, depending on the overall number of providers in each. A stratified sampling approach was adopted to select these providers based on the overall size and organisation type. On a small number of occasions, where individual providers were not able to take part (usually due to time constraints or logistical reasons), an alternative was provided from a pre-selected reserve list. Each provider was asked to ensure that no more than 20 questionnaires were completed at their site, with the overall number of returns per provider being managed by each area coordinator.

Guidance was provided to each provider via their coordinator and a set of guidance materials and FAQs. The user guide included information on when to conduct the survey; how to support young people selected to complete the survey; administering the tools; consent; and data transfer.

**HAF parents survey** – a short self-completion survey for parents/carers of children attending or potentially attending HAF provision, lasting approximately five minutes. Total number of responses: 370.

## Parents survey

### Survey design

The survey research with parents was based on a pre/mid-point design. The survey included questions on demographics; number of children attending; how they heard about provision; factors encouraging child participation; and potential strengths, weaknesses, or alternative approaches.

Surveys were available for completion on-line (including via mobile phone). This was often undertaken as part of the registration process for any holiday club before provision began. In a very small number of cases, paper copies were used where required by specific providers.

### Survey implementation

A target was set for each area to ensure 30 questionnaires were completed. Similarly to the children's survey, each area was provided with a pre-selected list of around four to six providers to approach for interviews depending on the overall number of providers in their area. A stratified sampling approach was adopted to select providers, with this being based on the overall size and organisation type. On a small number of occasions, where individual providers were not able to take part (usually due to time constraints or logistical reasons), an alternative was provided from a pre-selected reserve list. Each provider was asked to ensure that no more than ten interviews were conducted at their site, with the overall number of returns per provider being managed by each area coordinator.

As with the children's survey, guidance was provided to each provider via their coordinator and a set of guidance materials and FAQs. The user guide included information on when to conduct the survey; how to support young people selected to complete the survey; administering the tools; consent; and data transfer.

**HAF MI** – an Excel spreadsheet was developed to cover the key MI requirements as part of the evaluation, in particular to allow data to be linked to the NPD. This required areas to provide information for all participants that could potentially be linked to the NPD on



project name; young person gender; first name, surname, data of birth, school name and home postcode; Unique Pupil Number (UPN) if available; club attendance by day.

Validation and support were built into the spreadsheet to maximise data quality and the potential to link into the NPD. This included drop-down lists of all schools in the LA; gender options; as well as formatting checks on postcode and UPN format.

Guidance was provided on the spreadsheet on a guidance sheet within the spreadsheet and via specific pop-up documentation (appearing when the cursor 'hovered' over any relevant cell). A full guidance document and FAQ was provided, explaining how to ensure MI was completed accurately and outlining in detail study GDPR and ethics requirements.

All spreadsheets were sent out directly by the local coordinators and returned directly to Ecorys via secure data transfer site.

Spreadsheets were checked by local coordinators and by Ecorys staff where possible, with this taking place on an on-going basis throughout the summer holidays as an intermediate check on data quality and at the end of provision. Where issues were identified, spreadsheets were returned to providers with advice on completion and stating the requirement to complete fully as/if possible.

Following this stage, data was cleaned by Ecorys and matched to the NPD. In total, 60% of names could be linked to the NPD. Details of returns are included in the relevant earlier section of the report covering attendance details.

## Impact evaluation

The impact evaluation was designed to compare the HAF provider pre and post surveys with a survey of non-HAF providers. Additionally, non-HAF coordinator and provider interviews provided qualitative data that was compared with HAF coordinator and provider interviews.

Non-HAF providers or coordinators included in the research were identified following a multi-stage approach:

- a list of all areas applying for HAF funding and reaching the second application stage<sup>25</sup> was drawn up to form the initial sampling frame. This allowed comparison to be made across similar areas in terms of motivation/interest (as all applied for HAF funding) and as applications could be used to source contact details
- all areas that applied for funding were then designated as either successful applicants (i.e. the eleven selected HAF areas) or unsuccessful applicants

- data on FSM percentage; number of children aged 5-19; and rural/urban split (using the six-fold classification for LAs) was added for all areas
- each successful applicant was then matched to two or three unsuccessful applicant areas using a data matching approach based on the three key criteria of FSM %; population aged 5-19; and rural/urban classification. This provided a final list of 28 unsuccessful areas

The named HAF applicant in each of the 28 comparator areas was then contacted to explain the evaluation and any requirements and to understand if they would be willing to help with later data collection requirements. A scoping call was arranged with 18 coordinators who agreed to participate. The calls ascertained data availability and who would be distributing each survey within that area, with 11 coordinators agreeing to distribute surveys and seven providing alternative contacts to pursue by Ecorys directly.

**Non-HAF provider/coordinator surveys** – two short, internet self-completion surveys were distributed to 26 matched comparison areas. Total number of responses was 243.

The pre-survey was distributed in mid-July, through 11 non-HAF coordinators to their providers, and directly to 433 providers in the remaining 15 areas and the 11 HAF areas. From the approximately 507 surveys sent, this returned 132 responses, a response rate of 26%.

The post-survey was distributed in mid-September through 8 coordinators to their providers, and directly to 403 providers in the same remaining 15 areas and the 11 HAF areas. This resulted in approximately 498 surveys being sent, with 111 returned responses, a response rate of 22%.

From both surveys, a series of questions were asked to ascertain the type of provision, opening hours and activities offered at non-DfE-funded holiday clubs.

## Matched comparison

The 26 matched comparison areas were selected from a pool of unsuccessful areas during the HAF bid process, creating an area-level dataset. This dataset was then matched to the 11 successful areas through a series of matching variables, including:

- supply: number of children in area – based on LA information
- demand: % of pupils in receipt of FSM – based on the latest DfE data
- data availability: Ecorys rating on whether data available, for 2019 and 2018 – based on the application spreadsheet

Each variable was coded using a three-fold rating system (high, medium, low) to assess each variable and a shortlist of comparator areas was created. This resulted in 26 non-

HAF areas being matched to 11 HAF areas in total, with approximately 2-3 non-funded areas matched to each successful area.

## **Non-HAF coordinator and provider survey**

### **Survey design**

The pre-survey (around 5 to 10 minutes) included questions on the area they were based; the type of organisation delivering the provision; data availability for 2018 and 2019; the activities on offer and their frequency; intended opening hours for 2019; the price of provision; and which, if any, young persons could attend for free.

The post-survey (around 10 to 15 minutes) included a number of identical questions which were only asked to respondents who had not completed these as part of the pre-survey. Additional questions were asked of all respondents regarding the postcode of the holiday club; the overall numbers of young persons who attended in 2018 and 2019; the overall numbers of young persons in receipt of FSM who attended in 2018 and 2019; actual opening hours for 2018 and 2019; barriers and enablers to effective provision; and their intention to run provision in the future or not.

Both surveys were available to complete online (including via mobile phone) or within a formatted spreadsheet for providers in multiple locations or with multiple clubs.

### **Survey implementation**

The pre-survey was sent to 11 coordinators, who distributed it to approximately 74 providers where contact lists were provided, and to 433 providers directly. The post-survey was sent to 8 coordinators, who distributed to approximately 95 providers where contact lists were provided, and to 403 providers directly.

As a small number of providers operated across different sites or areas, and some coordinators completed the survey for their providers, a spreadsheet was provided to remove the need to fill in multiple versions of the same survey.

Providers and coordinators who had already completed the pre-survey were able to skip any repeated questions within the post-survey.

**Non-HAF provider/coordinator interviews** – a set of telephone interviews were conducted with a sample of coordinators who distributed the pre-survey and providers who had supplied their contact details for this purpose in the pre-survey. Interviews were conducted with three coordinators and nine providers, with interviewees selected based on their pre-survey results.

## Non-HAF Sampling framework

For non-HAF coordinators, the sample was determined from the 11 coordinators who distributed the pre-survey. Interviews were conducted with coordinators in different areas, and across those responsible for a small (<10), medium (11-29) or large (>30) number of providers.

For non-HAF providers, the sample was determined from the 105 providers who completed the pre-provision survey, where contact details were available. The selection criteria included:

- typology: type of organisation running provision
- location: the local authority area
- whether met 4:4:4 HAF requirement
- physical activity: frequency of activity provided
- healthy meals: frequency of activity provided
- whether in HAF area or not

Quotas were set on 4:4:4, physical activity and healthy meal provision based on answers to the pre-survey to ensure a representative spread across non-HAF provision. A similar process was undertaken for whether providers were based in a HAF area or not.

## Non-HAF interviews

### Interview design

The interviews for non-HAF coordinators and providers were designed to allow comparability to the HAF coordinator and provider interviews.

The coordinator interviews (around 45 minutes to one hour) included questions regarding their role and responsibilities; the context within their local area including levels of deprivation; the intended and achieved outcomes; quality of the provision and what activities were offered; and what their coordination might have looked like with funding.

The provider interviews (around 45 minutes to one hour) included questions regarding their role; the context within their local area including levels of deprivation; if in a HAF area why they did not join the bid; their processes for referral; intended and achieved outcomes; quality of provision and what activities were offered; the cost of the programme; parental involvement; what their provision might have looked like with funding; and the legacy of their holiday club.

### Interview implementation

Interview email invites were sent to the potential coordinator and provider interviewees and followed up as required. Additional reserves interviewees were added as required to meet the overall target number of interviews.

## Interpretation and data limitations

Children and parent surveys were administered by providers, with guidance and support from coordinators and Ecorys. This may have led to some selection bias if the requirements for random distribution were not met.

The case-studies were selected purposively using initial data to include a mix of providers and models. As with all case-study research, the findings are not exhaustive, and it was not possible to cover all types of models within a finite number of visits.

The impact evaluation was at a smaller scale and relied considerably on the goodwill of non-HAF providers and coordinators in providing data. Data suggests that non-HAF feedback involved a relatively high proportion of established provision and may not be fully representative of provision among non-HAF providers. Comparisons across HAF and non-HAF provision are therefore to be taken as indicative and not as establishing a clear measure of impact.

Additional data limitations include:

- MI data was completed across all areas with a good level of overall compliance from the vast majority of coordinators and providers. However, information was often not sufficient to enable matching, resulting in 40% of records not being linked to the NPD data. There may be gaps in information where the full details of all young people could not be recorded
- children surveys were designed to be administered at the mid-point of provision to reduce the demands upon providers. They do not necessarily take into account the full breadth of provision that children may have experienced, and may reflect the views of young people who were attending particularly frequently

## Appendix 2: HAF areas

The main characteristics of HAF lead organisations are summarised below:

- four VCSOs, three LAs, two community interest companies, one school and one housing association
- many had broad experience across the quality standards and a small number had specific areas of expertise (e.g. physical or enriching activities)
- four had taken part in the 2018 HAF programme, which they felt contributed to successful implementation, given the short timescales to set-up
- in many cases lead organisations partnered with others on the coordination role
- all areas had LA involvement either as the lead organisation or as a partner. This helped engage providers and with logistics (e.g. staff, venues and food)
- all areas had VCSO involvement, either as the lead or as coordinator or delivery partners
- other organisation were involved in various roles, ranging from delivering ingredients or meals to undertaking internal evaluations

## Endnotes

- <sup>1</sup> Final reporting being delayed due to the impact of COVID-19 restrictions in accessing data
- <sup>2</sup> Department for Education, 2019. *Analytical associate pool. Summary of recent small-scale research projects*.
- <sup>3</sup> Feeding Britain, 2017. *Ending Hunger in the Holidays*.
- <sup>4</sup> *BMJ*, 2019; 364:I963
- <sup>5</sup> Kellogg's Foundation, 2015. *Isolation and Hunger: the reality of the school holidays for struggling families*
- <sup>6</sup> The Sutton Trust, 2014. Extra-curricular Inequality Research Brief; Cullinane and Montacute, 2017. *Life Lessons: Improving essential life skills for young people*, The Sutton Trust.
- <sup>7</sup> Gill and Sharma, 2004. *Food poverty in the school holidays*, Barnardos
- <sup>8</sup> All Party Parliamentary Group on Hunger (2017). *Hungry Holidays*. Available [online](#) [accessed 22/11/19]
- <sup>9</sup> DfE [website](#)
- <sup>10</sup> Department for Education (2018). *Ad-hoc Notice, Holiday Activities and Food: 2018 programme*. Available [online](#) [accessed 09/01/20]
- <sup>11</sup> Specification of the grants' requirements are available [online](#) [Accessed 30/01/2020].
- <sup>12</sup> More information on free school meal eligibility is available [here](#)
- <sup>13</sup> Department for Education (2019). *Invitation to tender for a research project entitled: evaluation of 2019 holiday activities and food programme*.
- <sup>14</sup> This makes it relatively difficult to disentangle attendance figures (and some other variables) in terms of the relative impact of their status as Local Authorities and their targeted approach to FSM-eligibility
- <sup>15</sup> Actual numbers may differ slightly depending on the approach taken in each area to recording information, primarily whether certain providers which were linked to meet 4:4:4 requirements were recorded separately or as part of a merged provider. There may also be a small number of providers which did not provide any data. As a result, this figure is unlikely to reflect the exact number of providers
- <sup>16</sup> Department for Education (2019). *Schools, pupils and their characteristics: January 2019*. Available [online](#) [accessed 07/12/20]
- <sup>17</sup> Department for Education (2018). *Ad-hoc Notice, Holiday Activities and Food: 2018 programme*. Available [online](#) [accessed 07/12/20]
- <sup>18</sup> Non-maintained special schools, pupil referral units and independent schools are not included in these figures, as a breakdown by education phase was not publicly available.
- <sup>19</sup> Department for Education, *Invitation to tender for a research project entitled: evaluation of 2019 Holiday Activities and Food programme*, 15 February 2019
- <sup>20</sup> Initial tender documentation stated that enriching activities could include physical activities – this suggests both that the proportion of providers offering enriching activities could be higher and that expectations and definitions may have been unclear among providers.
- <sup>21</sup> Examples of 'enriching activities' provided in the HAF provider survey were "putting on a play, drumming workshops; or experiences such as a nature walk, visiting a city farm, etc."
- <sup>22</sup> Due to changing approaches to monitoring this relies on qualitative feedback as opposed to quantitative comparison of throughput numbers.
- <sup>23</sup> Although this might reduce the potential for staff to be in a position where they have to upskill themselves; it did, however, encourage them to build on their strengths rather than feeling pressured to diversify beyond their capabilities. This is important for ensuring a high-quality experience for CYP.
- <sup>24</sup> Namely that where there was joint provision (two or more providers linking to meet the 4:4:4 aspiration or for other reasons) they may have responded separately to the provider survey but returned a single MI sheet
- <sup>25</sup> This involved clearing the first initial stage which was designed solely to remove any areas where the initial application had clearly not met basic requirements



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